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*James Kennedy*

A SKETCH

OF THE

MEDICAL MONOPOLIES,

WITH A PLAN OF REFORM.

ADDRESSED TO THE

RIGHT HON. LORD JOHN RUSSELL,

HIS MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

BY

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ETC. ETC.

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TO THE  
RIGHT HONOURABLE  
LORD JOHN RUSSELL.

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MY LORD,

THE subject of Medical Reform is both difficult and important. It is assuredly no easy matter to accomplish such a change in the laws and usages by which the Medical Profession is regulated as may secure the approval of the majority of its members and promote the public welfare. But however parties may disagree as to the nature and extent of the contemplated alteration, all concur in the admission that a change has become necessary. Since the question is so far matured, it may be permitted to any person whose experience has enabled him to form an estimate of its merits, to endeavour to ascertain the principles on which a plan of Medical Reform intended to benefit the community and maintain the dignity of science should be founded.

In these stormy times of politics, it might well be a theme of gratulation to a writer on Medical Reform that the ground on which he enters is neutral—that the atmosphere which surrounds him is calm—or agitated only by the impulses of sympathies common to all. It is indeed happily the fact that there is no connexion between political controversy and the adjustment of our Medical institutions—nevertheless, it were too much to infer that the agitation of a question directly affecting several influential interests would be unaccompanied by the irritation which generally follows the collision of hostile opinions. Science does not exalt its votaries above the weaknesses of humanity, nor does the grave and reflective pursuit of medicine liberate its followers from the influence of prejudice and passion. It may be said, without fear of exaggeration, that few discussions have ever taken place upon

any subject so expansive in its character as Medical Reform, in which the parties immediately interested have yielded so much to angry feeling, and have displayed so small a degree of mutual toleration.

And why are signs of illiberality towards each other so often remarked among men of education and social dispositions? To volunteer an answer, in the spirit of frankness, may be hazardous—yet as its application will be general, and not restricted to a section or to individuals, I shall make the attempt—premising that I yield to none in attachment to my profession, or in respect for those gentlemen of the present day who have succeeded in elevating its character by their energy and talent.

The circle of Medical practice in this country embraces three corporate bodies—namely, the College of Physicians, the College of Surgeons, and the Company of Apothecaries; which bodies claim respectively various rights and privileges under their charters or acts of Parliament. The legal distinctions and demarcations not being wisely devised or laid down in the first instance, the members of the different corporations have been constantly encroaching upon what were considered to be their respective chartered walks, and from the clash of rival interests and pretensions have sprung much bad feeling, jealousy, and litigation.

Nor is this the whole ground of discontent and disunion. There is another ample source of confusion and discord in the relations which exist between the individual corporations and their own members. As the Medical Colleges\* are, in their present constitution, *close corporations*, in which all power and authority are possessed by a few, who nominate their suc-

\* Although these corporations are called "*Colleges*," they have nothing to do in their corporate capacity with the active duties of medical education. At present, the public purpose for which they exist is, to form practical Boards of Examination, before which the graduates of the universities, and other students of medicine, who have completed their course of study, are expected to appear for examination and approval previous to commencing practice. It is the further duty of these Colleges of the Faculty to determine *the extent* to which students of Medicine shall prosecute their practical studies, at the universities or other schools, before they are examined by the practical Boards for their respective testimonials.



cessors, the members at large complain that the acts of their Colleges, or Close Corporations, are adverse both to the well-being of the great body of the profession, and to the interests of the public.

To do away with these various causes of discontent—to bring medical men together, though differing in wealth and titular designation, on the broad footing of equality as members of an honourable profession, has long been the anxious desire of moderate persons of every party. But as was recently evinced in the appointment of a Parliamentary Committee, there has appeared little prospect of such a pleasing consummation. The impossibility of uniting the Corporations in one common object, so as to afford a reasonable hope of a thorough reformation originating from within, does not, in my opinion, proceed, as many allege, from unworthy motives; on the contrary, I believe that the corporate heads are generally desirous to advance the interests of the science over which they legally preside, and that the failure of their wishes is to be chiefly attributed to a defect in the medical character, originating in circumstances peculiar to the profession.

That doctors differ is a trite saying and true, and equally true is the assertion that they would make very indifferent Medical Legislators. Not accustomed to act as a deliberative body, they appeal too exclusively to their individual judgments, and are consequently broken up into sections, which are again divided and subdivided according to the temper and capacity of the several component parts. This individuality of opinion, however favourable to the progress of knowledge, is unfriendly to Legislation, as is well illustrated by the opinions of medical men on Medical Reform. Apart from corporate or selfish interests, speculations the most conflicting and diversified have been found to prevail even amongst members of the same corporation. And whilst all admit the necessity of some legislative change, scarcely a single person appears to have made up his mind as to how far that change should be carried, or to have come to an understanding with any body else upon the subject.

That medical men are more prone than others to the exercise of what they call “independent,”—or rather, to give it a more appropriate name, *individual*—judgment, must be

evident to the most superficial observer, and this tendency seems to be the almost inevitable result of their professional education and habits. Medical men are early taught to *think for themselves*—to put every statement that comes before them to the test of *their own experience*, therefore it is that a species of *dogmatism* is a common attribute of the medical character. Unlike the lawyer or divine, a medical man is loosely bound by the influence of precedent. The sermon of the divine, or the opinion of the lawyer, may issue in full force from the library or closet, but the opinion of the medical practitioner to be efficient must proceed from the bed-side of his patient, dictated in a great measure by the talent and personal resources of the individual who gives it. In this way every practitioner is led to assume in some degree the dignity of an authority, and as such, to a certain extent, he is recognised by the profession to which he belongs.

This species of dogmatism, which seems to grow with and to be inseparable from the study and practice of medicine, can scarcely be considered an evil when confined within moderate limits and to its proper sphere. On account of the ever-varying condition and capacities of the human constitution in different persons, and at different times in the same person, medical men will be always called upon to exercise their individual judgments in the adaptation of medicines and other remedial agents to the particular case in hand; and it necessarily follows,—as the basis on which medical science operates, namely, the human constitution, is of so fluctuating a nature, not admitting of any common standard of reference,—that constant unanimity in medical opinions is as little to be anticipated as are contradiction and uncertainty in solving the problems of mathematical science, the basis of which is immutable. Now although the professional dogmatism alluded to is, within certain limitations, scarcely an evil, the fact cannot be denied that to restrain it within due bounds requires the exercise of much sound sense and discretion—for, in the daily intercourse of medical men, there is not anything more common than to find it assuming a very offensive shape. Under its influence, the Old Practitioner does not hesitate to express a contemptuous opinion of his Junior, forgetful in doing so that the qualifications of young men in the present



day are very different from what they were thirty or forty years ago; and the Junior, on the other hand, is too apt to treat the Old Physician as he treats the exploded theories of his art, forgetful that a vigorous and inquiring mind, in the healthful exercise of its faculties, may not only maintain its ground in the progress of science, but perhaps excel in the application of recent knowledge.

However injurious this description of professional intolerance may be when carried to excess, even in matters relating exclusively to Medicine, it is infinitely more objectionable when it comes to be applied in any way to those concerns in which the public have an active interest. Owing to this defect, individuals of the Medical Profession are rarely qualified to exercise judiciously any large degree of discretionary power, either in regulating the general affairs of their own body, or in defining its relations with the community at large. Where various and complicated interests ought to be consulted as well as their own, their dogmatic tendencies are very apt to obscure their judgment and surprise them into rash conclusions. Thus one idea of self-sufficiency and assumption is fatal to every equitable consideration. For this reason it is that a great error was committed when the king and parliament, through the medium of acts and charters, granted to the Medical Corporations the privilege of making bye-laws that were to have a weighty and extensive influence. By the abuse of the discretionary power, bye-laws were made to supersede or to nullify the wisest provisions of those acts and charters, and a few individuals were virtually converted into legislators, to determine the relations that were to exist between themselves, their profession, and society.

Here, then, seems to be the origin of almost all the mischief. Medical men, and not the constitutional authorities, have hitherto had the framing of the laws that affect the government of the profession; and, as might be expected of regulations emanating from persons who, in matters relating to their own and other complicated interests, were altogether unqualified to act the part of legislators, every one of these laws is essentially bad—is not only highly injurious to the profession to which the partial legislators belonged, but exceedingly detrimental to the public. Yet notwithstanding



this unqualified condemnation, it is by no means to be understood that the slightest charge is insinuated against the honour or honesty of the individuals who were the efficient agents in establishing the existing system of medical polity. These individuals were admitted to the possession of power, to which they had no proper claim, and for the due exercise of which they were altogether unqualified; therefore it came inevitably to pass, that this power was in their hands either greatly abused, or completely diverted from its original purposes.

The nature and magnitude of the error committed in allowing medical men to become the makers of the laws which mark their relations to the community cannot be even faintly conceived by unprofessional persons, unless they calculate what would be the effect of yielding similar privileges to the representatives of other insulated interests in this country. Let us suppose, for instance, that Parliament, instead of inquiring into the condition of the "Shipping interest," weighing well the evidence obtained from every quarter regarding it, and deciding after mature deliberation on the basis of the information so obtained—suppose, instead of acting in this slow, cautious, and methodical manner, that Parliament were, without the least investigation, to take the views of the ship-owners themselves as its ruling guide, and enact navigation laws accordingly, what, need we ask, in that case, would be the result? Would not all thinking and impartial men agree, that nothing could arise from such a course but injury to the public at large, and, most probably in the end, total ruin to the ship-owners themselves? After heaping protecting duty on protecting duty, and regulation on regulation, to drive foreign competition from our ports, commerce itself, whose free spirit is the soul of maritime prosperity, would languish and die, and not until it had passed away would vanish the delusions of the ship-owners, who had vainly hoped to obtain, through severe restrictive laws, the secure possession of wealth and power at the expense of the community.

Most objectionable as it evidently would be to permit the shipping, or the manufacturing, or the landed interest to dictate laws for regulating their relations to the public, no monopoly originating with them, under such circumstances, could

fully illustrate the evil of the principle on which the leading medical monopoly, namely, the College of Physicians, has hitherto been conducted. To devise a familiar parallel for this medical corporation, it is necessary that the making of the laws which affect navigation should be considered as committed to *a small section*, instead of to the whole of the representatives of the shipping interest, and that the policy adopted by the governing minority of ship-owners should be adverse to the prosperity of the mass of the governed—to the welfare of the great body of ship-owners—as well as to that of the public.

The way by which the College of Physicians came to be conducted on the principles of a close corporation, analogous to the hypothetical case of a close monopoly of ship-owners, is seen in its Charter of incorporation granted by Henry VIII.; but, before entering upon the merits and demerits of this Charter, I shall revert to an earlier period, and speak of the first distinct legislative steps that were taken in England in regard to the medical profession.

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### *Early State of Medicine in England.*

Until near the close of the thirteenth century, the practice of medicine in England was almost wholly in the hands of the monks. The first professional writer of note on the subject was “Gilbertus Anglicanus,” who laboured to expose the absurd practice of the ecclesiastics. He wrote about the year 1270.

Soon after Gilbert, lived “John of Gaddesden.” John of Gaddesden appears to have been the first English physician who was employed at Court, for, before his time, the royal physicians, and even the druggists, were all foreigners. As late as the year 1340, in the thirty-second of the reign of Edward the Third, the apothecary to the royal household was “Peter of Montpelier.”

In the reign of Henry the Fifth medicine was not taught at any school in the kingdom—its condition was very low, “inso-much that when princes laboured under any distemper, their privy council made choice of some to attend out of the many



pretenders to the science of physic." In the illness of Henry the Sixth, the council nominated three physicians and two surgeons for the royal patient. The physicians of that time knew little more than the empirics of the present day; the surgeons ranked with the barbers; and the apothecaries and grocers formed one body.

An act was passed in the 3rd of Henry the Eighth, chap. 2, (anno 1511) which seems to have been the first statute of any importance enacted for regulating the practice of physic. It was expressly founded on the impropriety of ignorant persons practising physic and surgery, "as common artificers, smiths, weavers, and women, to the high displeasure of God, great infamy of the faculty, and destruction of the king's liege people." Upon this occasion it was enacted, that no physician or surgeon should exercise their calling within the city of London, or seven miles thereof, without having been previously examined and approved by the Bishop of London, or Dean of St. Paul's, with four doctors of physic; and for surgery, other expert persons in that faculty. Those for the country to be approved by the Bishop of the diocese, or in case of absence, his Vicar-General, calling to them such expert persons in the said faculties as their discretion might deem meet.

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### *Incorporation of the College of Physicians.*

By letters-patent of the 10th (anno 1519) and by act of the 14th and 15th of Henry the Eighth (anno 1522-23) six physicians by name, *and all other persons of the same faculty* within the city of London, and seven miles round, were constituted one body and perpetual commonalty of physic. They were called a *college*; they were to have perpetual succession and a common seal. They might sue and be sued. They were empowered to make *lawful* ordinances or bye-laws. No person was to practise physic in or within seven miles of London, unless by them admitted (*nisi admissus sit*). A fine of five pounds per month was imposed for practising physic without admission. The qualifications necessary to admission were, that the candidate should be "profound, sad, discreet, groundly learned, and deeply studied in physic." The office-bearers of the College were to

be a President, eight Elects, (the President being one of the latter,) and four Censors. Physicians about to practise in parts of England beyond London and its vicinity were also to be examined, and the president and three elects were to be the examiners of such; but, as to *country* practice, the graduates of Oxford and Cambridge were exempted by the *act* from the examination of the College.

The above are the leading provisions of the charter and act of Parliament, which are still advanced by the advocates of the College "as the subsisting ground of the rights, privileges, and powers of the corporation."

The *ostensible* object of these legislative regulations and of the act of the 3rd of the same reign is very clear and good. In so far as they went simply to constitute *practical* boards of examination for all persons about to become medical practitioners, they were well worthy of approbation, and the charter and act embodying the College of Physicians giving, as they did, the *examining* power wholly into the hands of medical men, formed ostensibly a great improvement on the preceding act, which made the Bishop of London and others of the clergy the heads of the examining boards.

In the *charter* of the College of Physicians it was declared, that *all* medical men, about to practise in any part of England, were, previous to commencing practice, to be examined and approved by the College, and no exception was made therein in regard to any order or class in the profession; but in the *act* which confirmed the Charter, the graduates of Oxford and Cambridge were, as to *country* practice, exempted from the examination of the College. The cause of this trifling deviation from the excellent principle laid down in the Charter, that *all* medical men were to undergo a *practical* examination, is probably to be ascribed to the circumstances under which the English universities existed at the time. At that early period the *foreign* universities were the only places noted for medical education, and consequently English students were obliged to go abroad to gain the information which was not to be obtained at home. The six physicians mentioned by name in the charter of Henry the Eighth were all graduates of foreign universities. The partial exemption then of the English graduates from the examination of a practical board may be



considered as a favour conferred on the national universities for their encouragement, and a sort of privilege by which students of medicine might be induced to resort to them. That this partial exemption originated in some temporary object and was never intended by the legislature to have any extensive application, is evident from the fact that the Act and Charter agree in obliging the graduates of Oxford and Cambridge, as well as others, to undergo the practical examination when they desire to practise within the metropolitan district. Thus, the College of Physicians was intended to constitute a Practical Board to stand between the public and incompetent practitioners, and was designed at the same time to operate as a *check* upon the seminaries of learning—a plan in admirable harmony with the spirit of that system of “checks and balances” which has been supposed to form the characteristic excellence of the British constitution.

Having attempted to show that the charter of Henry VIII. contained some provisions of apparently very great value, I shall now speak of them more at large, and also of the latent evil contained in that charter, by the influence of which the public and the profession were deprived of every advantage which might have been reasonably expected.

In the primary form of the corporate body *there was no distinction of ranks among the members*—the title was “President and College, or Commonaltie.” This implied equality of rank in a scientific assembly was essential to its proper government, but, as will soon appear, the original designation was afterwards got rid of, when the College assumed the aspect of a close corporation, and for it was substituted, by the aid of excluding *bye-laws*, the following very elaborate classification:—The “President,” the “Fellows,” the “Candidates,” the “Inceptor-Candidates,” the “Licentiates,” and the “Extra-Licentiates.”—The imagination of the most speculative commentator would probably be puzzled to find a pretext for all these erudite and distinctive titles in the simple appellative of “President and College, or Commonaltie.”

The good points of the charter were—1st. As to the *constitution* of the college, that there was *no distinction* of rank; that it was composed of *all persons* of the same faculty (*omnes homines ejusdem facultatis*) within the city of London and



seven miles about; and that its designation was “President and College, or Commonaltie.” Secondly, as regards *its functions*, that it was to form *a practical board* for the examination of physicians about to commence practice.

A solitary clause in the charter was quite sufficient to open the door of perversion, through which abuses were so rapidly introduced, that these apparent advantages became restricted to the parchment on which the grant had been inscribed. This fatal clause extended the power to the College of making *bye-laws* for its general government. The discretionary power of making bye-laws, unless confined to the unimportant regulation of the private or strictly domestic affairs of any corporate body, is in every case very liable to be abused, but unfortunately much more so in the proceedings of a Medical Corporation than in those of any other, as the Medical Corporations are the least accessible to the influences of popular opinion.

At the period when the College was established the number of physicians in London was small—probably not amounting to twenty; whatever the amount, the Charter, as it came from the King, had the effect of recognising them all without distinction as part and parcel of the corporate body. Although it would be desirable, there does not appear to be at present any means of ascertaining how long the members remained legally at twenty or under. I say *legally* at this number, for, at no very distant date, subsequent to the creation of the College, a bye-law was passed which completely violated the Charter in practice, letter, and spirit, and converted the corporation, otherwise free and open, into a close monopoly of the most indefensible kind. This illegal bye-law ordained *that the members of the college should not exceed twenty in number*.

From the moment the College determined that the number of its members should not exceed *twenty*, it ceased to be in a condition to afford those benefits to the public which might have been reasonably expected to flow from the rational provisions of the charter of Henry VIII. Instead of following the rational provisions and legal tendency of that charter, the College was thenceforward a Close Monopoly, ruled solely by its own statutes or bye-laws. The charter directed that all



persons properly qualified to practise physic should be admitted, but the invariable effect of the above bye-law was, that no person however qualified could obtain admission *when the select number was filled up*. It mattered not in those days whence the candidate came, or where he had been educated, or the amount of his qualifications, the number *twenty* could not be exceeded and therefore the applicant must be rejected. The rejected candidate, however, was not made aware of the *real* ground of rejection. It has always been an object of the most watchful solicitude with the College to keep its *excluding* bye-laws concealed from the knowledge of every individual who had not been admitted within the narrow pale of its monopoly, and consequently when admission was refused to a qualified candidate, it was always done on the plea of his *incompetence* to pass the customary examination. Thus a candidate possessing every qualification that could adorn his profession, or do honour to the college itself if enrolled among its members, was sure to be rejected on the pretence that he was "ignorant," when in reality it was under a private bye-law which condemned the candidate to exclusion before he had entered the College-hall. It would be superfluous to dwell upon the injustice of this proceeding, or to attempt to describe the feelings of a deserving man who had been rejected, not only without any reasonable cause, but left with a cruel stain on his reputation calculated to ruin his hopes of professional advancement.

Severely as the bye-law limiting the number of the members would operate against the rights of well-educated professional men who applied for admission after the select list was completed, the individual hardship was trifling compared to the injury which it indirectly inflicted on the public. By the operation of this bye-law, the College declared that *twenty* physicians were sufficient to afford advice and attendance to the whole of the inhabitants of London and its vicinity, and, absurdly inadequate as was this petty array to meet such an extended object, a portion of the number, small as it was, might happen to be scattered over the provinces. Nor was the declaration against unaccredited practitioners one of words merely, for the College at that time was not slow to prosecute every individual who, without having been admitted by

the Corporation of Physic, ventured to administer to the morbid necessities of the people.

The early history of the College is little else than a succession of prosecutions of medical practitioners, legitimate as well as illegitimate. Coupling with this the refusal to open its doors to admit a sufficient supply of physicians to meet the public demand, a very unfavourable opinion might be formed of the moral worth of its members who passed the excluding bye-law. It might be presumed that the College was so rigidly limited, in order that each member of the corporation might have the opportunity to secure an abundant fortune in a short space, and that the health of the public was sacrificed to this mercenary object by the very body which it had created for its protection. Well-founded as this presumption might appear, it is far from my intention to insinuate that such was the case. On the contrary, it is my conviction that the College was not at all aware of the baneful tendency of the bye-law when first placed on its statute book. Blinded by a false estimate of its own importance and dignity, the claims of the public were violated because they were not perceived, and the rights of professional men, because they were thought to be inimical to the very fastidious but erroneous standard of corporate respectability. Had political economy—the science which points out the due relation of the different interests of a state to each other—been then understood as it now is, the College of Physicians would either never have passed the excluding bye-law, or, if it had passed it, the voice of public remonstrance would have quickly led to its repeal, and most probably to the abolition of the unwise tribunal from which it emanated.

England is called by foreigners “the Paradise of Quacks.” That it has been an ample field, from an early period, for the successful exercise of every species of charlatanism is most true. In endeavouring to discover the cause of this, few inquirers would dream of looking beyond the credulity of the people, or, at least, scarcely any that had not deeply considered the subject, would be led to ascribe it to the influence of the College of Physicians. To say that the College of Physicians, which, amongst other proper objects, was intended to repress quackery, has been the chief cause of its growth and



success, will at first sight appear to be the splenetic assertion of some bigoted enemy of the Corporation; yet that the College has been the paramount patron of quackery is not the less an indubitable fact.

The College, by limiting the number of physicians, and keeping them in this manner so far below what was required to suit the wants of the public, became the great patron as well as prosecutor of the quacks. It was in vain that it attempted to repress the quacks on the one hand, while on the other it refused to afford an adequate supply of instructed medical men. The quacks of to-day might disappear under fines and imprisonment, but with to-morrow a new race was sure to arise more numerous and audacious than the preceding. In short, the public had no alternative in the dearth of regular practitioners produced by the excluding bye-law, but to employ any pretenders that offered to fill their places, and the money of the credulous was always in sufficient abundance to stimulate the workers of miraculous cures to set legal penalties at defiance.

During the recent inquiry on medical education conducted by a Committee of the House of Commons, the bye-law which limited the number of the members of the College of Physicians did not escape notice.—The following are extracts from the evidence.

Sir Henry Halford, Bart., M. D., called in and examined, March 18, 1834.

By the Committee.—“ You are President of the Royal College of Physicians ? ”

Sir Henry.—“ I am.”

The Committee.—“ You are aware that, up to a comparatively recent period, a statute was prevalent in the College restricting the Fellows to a certain number ? ”

Sir Henry.—“ Yes, there was such a statute.”

The Committee.—“ That statute prevailed up to the middle of the last century. Was not that statute declared to be illegal by Lord Mansfield ? ”

Sir Henry.—“ I think I recollect his judgment to that purport.”

William Macmichael, M. D., formerly Censor and Registrar to the College of Physicians, called in and examined :

By the Committee.—“ At the time of granting the charter, every person practising physic in London was entitled, as a matter of right, to become a member of the College ? ”

Dr. Macmichael.—“ I believe so, if he chose to apply.”

The Committee.—“ It was not compulsory, but as a matter of right ; if he chose, he might become a member of the College ? ”

Dr. Macmichael.—“ I believe so.”

The Committee.—“ The permission, in the first instance, being given to all persons who were of the faculty of medicine to enter into the College, can you collect from any evidence whether, from the period of 1518 down to that of 1581, there were any bye-laws by which doctors of medicine (wheresoever they may have graduated) were excluded from the College ? ”

Dr. Macmichael.—“ My opinion is that the bye-laws are private regulations of the College, which they are entitled to enact, and which they may alter as they please. There are no documents of bye-laws of so early a date as those that I have ever seen.”

The Committee.—“ Do you mean that there is a perfectly arbitrary power in the College, without respect to the charter, or the act of parliament confirming the charter, to enact what bye-laws they please ? ”

Dr. Macmichael.—“ Not an arbitrary power to do anything illegal.”

The Committee.—“ You mean that they have a power only to make such reasonable bye-laws as are consistent with the charter and the act of parliament ? ”

Dr. Macmichael.—“ Just so.”

The Committee.—“ Are you aware that the practice of the College from the year 1647, if not earlier, down to the period when Lord Mansfield delivered his judgment, was to limit the Fellows to a certain number, varying at different periods from twenty to eighty, and that Lord Mansfield declared that any such limitation was illegal ? ”

Dr. Macmichael.—“ I am aware of that.”

The Committee.—“ You are aware that the practice of the College for above a century, from 1647 to 1752, or even later, was declared by Lord Mansfield to be illegal ? ”



Dr. Macmichael.—“I recollect that he said he thought it unreasonable, and perhaps illegal.”

The Committee.—“This is an extract from the case of the *King v. Askew*: Lord Mansfield says, ‘The licenses probably took their rise from that *illegal* bye-law, now at an end, which restrained the number of Fellows to twenty. This was arbitrary and unjustifiable. They were obliged to admit all such as came within the terms of their charter; yet it is probable that the practice of licensing was in consequence of their having made it.’”

Dr. Macmichael.—“I think the inference drawn is not borne out by the charter. I think it was very unwise for the College to limit the number, and a very unreasonable bye-law. The College ought not to fetter themselves by any such bye-law; but that the practice of licensing began from that, I think, is not borne out by the history of the College.”

The Committee.—“The question was whether you were aware that Lord Mansfield had declared the practice of limiting the number of Fellows to be illegal?”

Dr. Macmichael.—“I think it unreasonable, and probably illegal in all respects.”

The Committee.—“The judgment of Lord Mansfield upon the cases that occurred about the year 1767 and afterwards have been referred to. Are you aware that, in the case of Dr. Letch, his lordship concluded his judgment with a recommendation to the College to settle all other matters amongst themselves without coming into court; at the same time intimating to them a caution against narrowing their grounds of admission so much that, even if a Boerhaave should be resident here, he could not be admitted into the fellowship?”

Dr. Macmichael.—“Yes; and I think that very good advice which he gave.”

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While the College thus inexorably closed its doors against all physicians beyond the number suited to its own purposes, its professional and penal powers had been extending.

By the 32nd of Henry VIII. (1540) physicians in London were exempted from certain services, and authorized *to practise surgery*.

Although its members had been declared by Parliament qualified to practise Surgery, good care was taken by the College that the Surgeons should not encroach with impunity on the department of Physic. In the reign of Mary and of Elizabeth many Surgeons were fined and imprisoned by the College for prescribing internal medicines, even in surgical diseases. The principal effect of these prosecutions was to injure deserving men, who either wished to serve the public fairly and honestly in their proper capacity of surgeons, or to fill, as well as their abilities would enable them, the places of those physicians that the public interests required, but who were debarred from practice by the corporate monopoly. The prosecutions were productive of another very bad effect. The Surgeons, being men of some status and responsibility in society, were easily deterred from opposing the mandate of the Corporation; but their removal merely served to clear the way the more completely for the success of the quacks. The quacks disappeared in one street only to re-appear in another, and by the change of a name or an address, they managed to increase and multiply in defiance of collegiate inflictions.

With the increase of the quacks, the College applied for and obtained an increase of its powers of punishment. By the 1st of Queen Mary, it was authorized to commit offenders to any prison within the city of London, the Tower alone excepted; and gaolers were required to receive and keep such persons at their proper cost and charge, without bail or mainprize, until discharged by the College, upon pain of forfeiting double the fine of such offenders.

In the history of the College, nothing is more remarkable than the extraordinary powers conferred on it, from time to time, by the Legislature for the prosecution of "irregular practitioners." Under this head were included in the collegiate phraseology all medical men not of that body,\* as well as the

\* At the same time that the College unduly limited the number of its members, it *prohibited, by the exercise of its extraordinary powers of prosecution, all other classes of medical men from attempting to supply the wants of the public*; and it is only by keeping these *two circumstances* in mind—which continued to operate down to 1704—that the baneful influence of the Corporation on the early practice of medicine can be fully appreciated.



numerous quacks of the day. After the most rigorous prosecutions, however, no diminution was observed in the ranks of the latter. Empiricism continued to flourish in all its branches. The Corporate Authorities freely acknowledged this, and the inefficiency of their means to repress the growing evil. New accessions to their already too arbitrary power were demanded and obtained, and with the same futile result. Attention was never once directed to the real cause of the extension of quackery, which was to be found in their monopoly itself. The College denied to the public a supply of legitimate practitioners equal to their wants, and the public were consequently compelled to fill up the vacuum by employing the illegitimate. The sacrifice of human life, and the extent of suffering induced by this state of medical practice, must have been very great. As an instance, it may be mentioned that, in 1663, the number of the members belonging to the College practising in London and elsewhere was limited to forty. Of these probably not more than half resided in the metropolis. The terrible inroad of the plague occurred in 1665, during the progress of which seven or eight thousand persons were known to have died in one week. When we call to mind that at this period only about twenty members of the College were practising in London, and few or no licentiates, the great mortality can scarcely be a subject of surprise; but it is said that even of twenty not more than a minority remained in town to lend assistance to the diseased and panic-stricken multitude. The greater part, to prolong a luxurious existence, fled to the country, leaving their former supporters at the mercy of the consuming pestilence.

In granting such extraordinary penal powers to the College of Physicians as have been noticed, Parliament was probably guided rather by the wishes of the Court than by its own independent deliberations. With the Court, the College has always had much influence, owing to its members occupying the post of royal physicians. In the charter of Henry VIII. the first three physicians named—"John Chambre, Thomas Linacre, and Ferdinando de Victoria"—were physicians to the King; and since that time other members have continued to enjoy the confidence of royalty. In later days, when the seeds of distrust had been sown between the King and Parliament, the

College was less successful in securing the support of the latter, for although it succeeded in getting new charters subsequent to that of Henry VIII., the sanction of Parliament was withheld in every instance. One of these charters, the grant of James I., went to empower the College, in the usual way, “to sue for penalties, to retain them for its own use, to punish by fine and imprisonment, and otherwise; to examine witnesses, and administer oaths, &c. &c.”

In the charter of Charles II., which followed next, the utter inutility of the prosecutions is thus admitted:—“Whereas, notwithstanding all the care, travaile, and endeavours had and taken, in the creating, modelling, and establishing of the Corporation aforesaid, and the many greate liberties, powers, and privileges thereunto given by the said several Letters Patent and Acts of Parliament, and *notwithstanding the constant and indefatigable pains and endeavours of the President and College on all opportunities had and taken in putting the same into execution, it hath been made most apparent unto us that the number of unskilful, illiterate, and unlicensed practisers of physic in London hath of late years much increased, and at present doe daily multiply.*”

Another charter was granted by James II., but, like those of James I. and Charles II., it did not receive the sanction of Parliament, and consequently was rendered penally inoperative. .

It appears that about this time public feeling had become somewhat sensible of the impropriety and uselessness of committing new penal powers to the College of Physicians, or of maintaining the old in their dangerous integrity. The sanction of Parliament could not be procured for the charter of Charles II., “on account,” as has been said, “of the great number of men of several sorts that made opposition to it, and pretended high exceptions against it.” In 1704, however, the House of Lords in its judicial capacity gave to the College the first severe check which it had hitherto experienced.

In 1704 (reign of Anne), the case of Mr. Rose, an apothecary, who was prosecuted by the College for prescribing internal medicine to one Seal, a butcher, came to be tried in the Court of Queen’s Bench. Rose was found guilty. The judges on the occasion were unanimous that the law prohibited apo-



thecaries from *prescribing*. Rose, notwithstanding, brought his case before the Lords on a writ of error to reverse the judgment of the Bench ; and the Lords did reverse it, giving their decision in favour of the apothecaries.

This decision of the Lords, even in a legal point of view, is of more than common interest, inasmuch as it was opposed to the strict letter of the law. That the Lords overlooked the rigid bearing of the statutes affecting medical practice and decided the question on grounds of public expediency, there can be no doubt. The business of the apothecary, previous to this date, was simply to retail medicines across the counter, in the same manner as the retail chemists and druggists of the present day ; but, subsequent to this decision, which protected them ever after from the prosecution of the College of Physicians, the apothecaries appeared in *the new shape* of medical practitioners—physicians practically in everything save the name, and, in public favour, the successful rivals of the members of the College. Nothing but the most extraordinary state of affairs could have justified the Lords in thus elevating to the rank of Physicians a body of men who were more ignorant then, of the practice of medicine, than are, now, the body of retail chemists and druggists. The circumstances, indeed, in which the public stood at that time, with respect to medical practitioners, *were most extraordinary*. The College having limited its members to a number quite inadequate to meet the demand, and having prohibited all other educated practitioners, the apothecaries had been called upon, in common with various unqualified persons, to afford advice. Under this powerful patronage, the apothecaries turned their twofold capacity to such account, that in 1704 they had increased in number to about a thousand persons, while the members of the College practising in London did not probably exceed sixty or seventy ; in fact, in London and *everywhere else* the members of the College, including Fellows, Honorary Fellows, Candidates, and Licentiates, amounted to only 114.

As it was less unsafe to commit the charge of the public health to the apothecaries than to leave it in the hands of the quacks, who were not acquainted with even the names of medicinal substances, the House of Lords acted discreetly in deciding, in the appeal case of Rose, against the College of Phy-



sicians; yet this was a poor palliative for the radical evil that remained untouched. Instead of the Lords elevating the apothecaries to a rank far beyond their qualifications, had the Legislature set about re-modelling the College of Physicians, so as to make it work with efficiency, the result would have been very different. The apothecaries in that case would have remained in their proper place, and a supply of qualified men would have been admitted into practice fitted to meet the public exigency, and to do honour to the science of medicine. Latterly, the want of graduate physicians has not been felt as in former times—their college is still comparatively tenantless and effete; but the surgeons, and also the apothecaries, have increased greatly in knowledge as well as in numbers, and at present these improved branches of the profession possess between them 99 parts out of 100, or, more accurately, 999 parts out of 1000, of the strictly *medical* practice of the whole community. Perhaps it is scarcely too much to add, that they deserve it; whereas the incorporated monopolists, who refused to serve the public unless within the narrow limits prescribed by their own decrees, are aptly requited by the possession of the fractional remainder.

Before closing this sketch of the progress of the College of Physicians, it will be proper to notice that appendage of the Corporation, known by the name of its “Licentiates.”

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### *Licentiates of the College of Physicians.*

In the constitution of the College under the charter and act of Henry VIII., there was, as has been shown, no distinction of rank. All physicians connected with the Corporation were members, and it is probable that they also received at this period the additional designation of “Fellows,” to indicate equality of rank. In the lapse of time, however, amongst other bye-laws, one was enacted, whereby a second grade was established. The College *permitted* certain physicians to practise on receiving its License, *without admitting* them to the same share of control in the affairs of the Corporation which the Fellows or members enjoyed, and these licensed physicians were denominated “the Licentiates

of the College." In 1667, there were ten Licentiates, and this appears to be amongst the first certain evidence, now extant, of their existence. In 1677, Licentiates were first mentioned in the Pharmacopœia. Whether a class analogous to the Licentiates of the present day existed or not\* any considerable time previous to 1667, is of little moment; it is enough to know that they were the offspring of a bye-law, and not the creation of the Governing Charter.

The early Licentiates do not appear to have had the same amount of grievance to complain of as those of a later period. It is probable, as vacancies occurred in the Corporation and the number of the Fellows or members fell below the maximum prescribed by the bye-law of limitation, that some of the Licentiates might reasonably expect, in accordance with the practice of the time as well as a matter of right, to succeed to the vacancy. But a distinction of rank having been introduced, it could not long remain within uniform limits. The jealousy of the one party, and the assumed superiority of the other, would tend to widen the breach; and having the power—exercised illegally or otherwise—of making additional bye-laws, the Fellows would not be slow to punish any symptom of contumacy in the Licentiates, by drawing a broader line of exclusion. Many features of their history indicate that this was the way in which the Licentiates were gradually removed farther and farther from all connexion with the affairs of the Corporation, until at last even the ceremony of invitation to attend the corporate meetings (the *comitia majora*) was withheld from them.

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*Bye-Law permanently excluding the Licentiates from the Fellowship.*

One of the grievances, of comparatively modern origin, of which the Licentiates complain, is the result of a bye-law, passed about 1750 or 1760, by which, *not any person* was to be recognised as qualified to become a Fellow of the College *unless*

\* It appears that the College was in the habit, at a much earlier period, of granting *partial* licenses to such persons as oculists, aurists, &c.; but these low practitioners must not be confounded with Licentiate Physicians, to whom the observations in the text are solely applied.



*he had graduated at Oxford or Cambridge.* By this regulation a complete monopoly of the Fellowship was given to the graduates of Oxford and Cambridge. The peculiar hardship of this grievance is aggravated by the circumstance that *previous* to this time, the College made no distinction between the graduates of different places, and when a distinction was *then* made, the preference was given to the graduates of Oxford and Cambridge, *where medicine was not at all taught*, to the complete exclusion of the graduates of other universities, *the most noted for medical science and education.* Devious as the course of the College has always been, it is not likely that the graduates of Oxford and Cambridge obtained this most singular favour because they came from universities where they could learn *nothing* of their profession. No, a latent, and in a corporate sense, somewhat cogent reason has been assigned for this conduct on the part of the collegiate authorities.

About the period of the enactment of this bye-law, much angry feeling prevailed between the Fellows and Licentiates, the latter insisting that their claims to admission into the Corporation should be satisfied, and the former as pertinaciously refusing to entertain those claims. The Licentiates at this time had become numerically equal to the Fellows, and they possessed besides much influence with the public. Moreover, amongst the Licentiates of those days were included the graduates of the English universities. Added to this, the College had recently carried on a long and severe prosecution of two of the English graduates—namely, Dr. Bonham and Dr. Schomberg; so that the universities of Oxford and Cambridge could not be expected much longer to abstain from entering the lists against the Corporation. Apparently, therefore, to divide the accumulating power of the Licentiates, and to propitiate the English universities, the bye-law, which gave to their graduates a monopoly of the Fellowship, was passed by the College.

Another reason still remained, and perhaps not the least powerful, for passing this bye-law. The leading object of the College has ever been to keep the number of its members as low as possible. This object could not be endangered by giving a monopoly of the Fellowship to the graduates of Oxford and Cambridge; on the contrary, the concession would

rather secure and maintain the master principle of the Corporation—for at each of these expensive universities a very few persons annually take the degree of Doctor in Medicine. By an accession of some two or three Fellows annually to the College, whatever danger there might be of the Corporation dying out, there could be no hazard of its privileges and prerogatives being rendered cheap and common by an overflow of members. By a return made to the House of Commons, it appears that between 1770 and 1834—a period of 63 years—the number of Fellows admitted under this bye-law was 149, being little more, on an average, than *two* for every year.

This bye-law also tended to keep down the number of the Licentiates. By permanently excluding them from the Fellowship, it lowered their professional grade, and rendered it less desirable for physicians—graduates of Edinburgh, or other not privileged universities—to enter into the body of Licentiates. Many of these physicians, when desirous of practising in London, preferred taking a Diploma in Surgery, commencing their career under the title of surgeon, rather than submit to the implied degradation of acting upon a mere license, or of voluntarily taking a position in which they must witness the annual arrival of *two young men*, from the English universities, to be placed permanently over the heads of themselves and the whole community of physicians, to which, as Licentiates, they belonged—*whatever their age and experience* might be.

The effect of this bye-law, restricting as it did the Fellowship to the graduates of the English universities, is strikingly opposed to the original charter of the College. The six physicians recorded by name in that charter were all graduates of foreign universities, and no exception was made in favour of any establishment of learning abroad or at home. To make the right to the Fellowship essentially to depend on such an accident as the *locality* in which a physician had been educated, and not on the amount, or the quality, of his scientific attainments, would seem to be in the last degree unreasonable. The Licentiates thought it so, and some of them endeavoured to obtain redress in a court of law.

Yet obviously unjust, and most unreasonable as this bye-law



is, no legal remedy could be obtained by the Licentiates. From the decisions, it appears that the act of accepting the License of the College, to which they submit at the period of their initiation, deprives them ever after of legal redress. By this act they are rendered amenable to the bye-laws of the Corporation, and however injurious these laws may be, the Licentiates must yield to their authority, until it shall please Parliament, in its wisdom, to call the College to account.

If this subject had been treated on *general* grounds, when brought before the Court of King's Bench and not been narrowed to a question between the Fellows and the Licentiates, the illegal bye-laws of the College would probably have endangered its corporate existence. Lord Mansfield, in his judgment (anno 1767), speaks thus of the exclusion of the Licentiates:—"I think that every person of proper education, requisite learning and skill, and possessed of other due qualifications, is entitled to have a license; and I think that he ought, if he desires it, to be admitted into the College." . . . . "It has been said that there are many amongst the Licentiates who would do honour to the College, or any society of which they should be members, by their skill and learning, as well as other valuable and amiable qualities; and that the College themselves, as well as any body else, are sensible that this is in fact true and undeniable. If this be so, how can any bye-laws, which exclude the possibility of admitting such persons into the College, stand with the trust reposed in them of admitting *all that are fit?*"

After this salutary admonition from Lord Mansfield, it might have been expected that the illegal bye-law respecting the universities would have been quickly repealed; but nothing of the kind occurred. Instead of repealing it, and dealing out some measure of justice to the Licentiates, the College set about framing two additional laws, with the intention of barely obviating the legal objections to the exclusive system. These new bye-laws were called the "ten" and "seven years' bye-laws," from their applying to Licentiates of ten and seven years' standing.

Touching the illegality of the several bye-laws, the Committee of the House of Commons examined J. H. Willcock,

Esq., a barrister, and author of a treatise on the laws of the medical profession.

Question by the Committee.—“ Do the bye-laws of 1765 provide that none should be eligible to the Fellowship but those who have been of the order of Candidates; and that none should be of the order of Candidates but graduates of Oxford and Cambridge; and was not this to say, that all men of the Faculty of and in London were not eligible? Was not this to impose a qualification not required by the charter and by the act of incorporation; and, therefore, was not such imposition illegal?”

Mr. Willcock.—“ Certainly.”

By the Committee.—“ After the proceedings before the Court of King’s Bench, in 1767 and 1768, when Lord Mansfield condemned the bye-laws of 1765 as being founded on too narrow a base, the College passed two statutes in mitigation of the former; first the ten years’ bye-law, empowering the president once a year to propose a Licentiate of ten years’ standing to be elected a Fellow without examination; and secondly, the seven years’ bye-law, empowering any Fellow to propose a Licentiate of 36 years of age, and seven years’ standing, for examination as to his fitness to be admitted into the order of Candidates. In Dr. Stanger’s case, it was contended that these two laws, by pointing out other modes of gaining admission into the College, had so qualified the bye-laws of 1765 as to render the bad good. Do you assent to this view of the question?”

Mr. Willcock.—“ Had the original bye-law itself contained these qualifications it would have been equally bad; therefore the subsequent modifications could not render the bye-law of 1765 the less objectionable; there was still a restriction on the right of admission, and that was illegal.”

The seven years’ bye-law was passed in 1772, but since that period not a single Licentiate has found his way into the Corporation under it. Mr. Law, afterwards Lord Ellenborough, was of opinion at the time that this statute was framed with the intention of permanently excluding rather than of admitting the Licentiates. “ Under this regulation,” said Mr. Law, “ there has been no person admitted; there have been many trials, but nobody has ever got through that *wicket*, or ever will.”—His words were prophetic.



To the intended operation of the seven years' bye-law, a *new examination* was attached, to give, of course, the College a pretence on which to reject any Licentiate that might apply. From the words of Lord Mansfield, the exaction of another examination, in regard to a person already a Licentiate, would appear to be decidedly illegal, as, according to his lordship's judgment, it *was a breach of trust in the College to license any but fit persons*. Moreover, the proposal, in any case, of another examination to a Licentiate is strangely at variance with the following declaration of the president of the College, Sir Henry Halford, before the Committee of the House of Commons:—

Sir Henry.—“ I do not apprehend that any act of injustice is done to the individual by not giving him the Fellowship; he, of course, has no right to demand it; he has a right to call for admission as a Licentiate, and great injustice is done if he does not receive that according to his qualification; but I apprehend that no Licentiate has a right to demand to be admitted a Fellow.

By the Committee.—“ They do not claim to be admitted as Fellows, but to be *examined* with a view to being admitted as Fellows?”

Sir Henry.—“ Yes; *they have already undergone that examination as Licentiates, and have been admitted, and the College needs not entertain any further demand from them.*”

In this statement there is a full acknowledgment by the president of the College that the Licentiates, *as such*, have undergone *every examination* that can, or ought, to be required of them to become Fellows, which is as much as to say that the qualifying bye-law of 1772 was unjust and illegal, and that the Licentiates are excluded on other grounds than those relating to their professional education and acquirements.

The ten years' bye-law, by which the president was empowered to recommend a Licentiate annually for election into the Fellowship, was not quite so inoperative as the other. Under this bye-law nineteen Licentiates have been admitted since 1771. They are, therefore, it would seem, to expect a *little* as a matter of favour, but *nothing* as a right. Touching the effect of this bye-law, Sir Henry Halford was asked—

By the Committee.—“ Do you think that, amongst the Li-

centiates who have practised in London during that time (sixty-three years), a much larger proportion than nineteen have not been qualified, both by their education and moral habits, to be admitted into the College?"

Sir Henry.—“ Probably.”

By the Committee.—“ Do you not believe the fact to be, that there always has been a very large proportion of the Licentiates practising in London, who from their moral character, from their scientific and literary acquirements, from their medical knowledge, and their extent of practice, have been eminently qualified to do honour to the College, if admitted thereinto?”

Sir Henry.—“ No doubt about it.”

Subsequent to Sir Henry Halford, Dr. Sims, physician to the Mary-le-bone Infirmary, was examined by the committee:—

By the Committee.—“ In your opinion, is the power which the president has of nominating Licentiates to the Fellowship open to any objections; and if so, state to what objections?”

Dr. Sims.—“ Such a mode of admitting Licentiates to the Fellowship is open to several objections. A power placed in the hands of any individual to nominate a Licentiate for the Fellowship renders such individual liable to be influenced by favour or by some other circumstances, independently of the actual merits of the party proposed: and with regard to the party proposed to be elevated to the Fellowship in this way, I think it is open to the objection, that a Licentiate, anticipating such an event, might be induced to compromise his dignity as a man, to sink his independence, and to become subservient to the person who had the power of calling him up to a higher rank. By so doing he would lower the standard of moral rectitude in his mind.”

By the Committee.—“ What are the grievances under which, as you conceive, the Licentiates labour?”

Dr. Sims.—“ Many of the grievances are stated in their petition. One of the first stated in the petition is, ‘ That the physicians practising in London are invidiously divided by the bye-laws of the College into two orders; one is denominated Fellows; the other, constituting by far the majority, is designated, and by implication degraded, by the term Licentiates. That the Fellows have occupied all the corporate power, offices, privileges, and emoluments attached to the College; that the



Licentiates do not participate in these benefits, but are illegally excluded from all the offices, and any share in the management of the Corporation; and so far is that principle of exclusion carried, that the Licentiates are not even admitted to the library or museum of the College. That there exists no foundation in the charter, or in the acts confirming it, for such distinction of orders and consequent exclusion from all privileges. That, according to one of the bye-laws, no physician can claim admission as a Fellow, unless he has graduated, or been admitted *ad eundem* at the universities of Oxford or Cambridge, where medicine is imperfectly taught; while physicians who have graduated at other British or foreign universities, celebrated as schools of medicine, are unjustly excluded from the Fellowship by this obnoxious bye-law. That the College was admonished from the bench by Lord Chief Justice Mansfield to amend the bye-laws, in reference to the admission of Licentiates into the Fellowship. That, influenced by this censure, the College framed other bye-laws, deceptive in their character, which, whenever they have been acted upon, have tended still further to depress and injure the order of Licentiates. That the graduates of Oxford and Cambridge are obliged to be members of the Established Church of England, and consequently all Dissenters are excluded from claiming the Fellowship. This your petitioners consider as a grievous injustice and an act of intolerance unbecoming the present age. That these invidious bye-laws, made in the spirit of corporate monopoly, have involved the College in continued litigation, and created a jealousy between the Fellows and Licentiates, discreditable to the members of a liberal profession.’”

The petition of the Licentiates was presented to the House of Lords, March 13, 1834, by the Earl of Durham, and the following is an extract from the observations made by his Lordship on the occasion:—“ This is a petition of physicians practising in London, and who are Licentiates of the College of Physicians. It is my intention to request that it may be read at length, and I shall, therefore, now only shortly state what are the main objects that it has in view. It complains of the bye-laws made by the College, which exclude the Licentiates from the Fellowship; from all share in the government of the College, and in the privileges, emoluments, and corporate

offices belonging to it ; and it prays that a general inquiry may be made into the existing bad state of the medical profession in all its branches.”

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“ The charter of the College of Physicians is about 300 years old ; it was granted in the 10th of Henry VIII., and from its terms we may judge, that if it had been fairly acted on, the country would have obtained an adequate supply of proper medical skill, and would have included every fit physician, without distinction of ranks ; but unhappily such has not been the case, and the bye-laws of the College have defeated the original object of its incorporation. The great bulk of the medical science of the country has been excluded from all participation in its privileges, and much vexatious dissension has taken place in consequence among the members of the profession.”

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## EARLY STATE OF ENGLISH SURGERY, AND ORIGIN OF ITS CORPORATION.

IN common with physic, the practice of Surgery appears to have been in a very low condition during the early part of its history in England.

An Order of Council in the reign of Henry VI. associated the Surgeons with the physicians to take charge of the king's health.

Edward IV. incorporated the "Company of Barbers," and his letters-patent were afterwards confirmed by Henry VII. in the year 1500; but it does not appear that the Surgeons were incorporated before the time of Henry VIII. when they were united to the Corporation of Barbers.

By the 3rd of Henry VIII., the bishops were empowered to call to their assistance practitioners in Surgery, to assist in the examination of candidates who desired a license in this department.

By the 32nd of Henry VIII. (anno 1540) the members of the College of Physicians were declared qualified to practise Surgery.

The Surgeons, after the decision of the House of Lords in the case of Rose, which emancipated them also from the prosecutions of the College of Physicians, increased much in number and in influence, and by the 18th of George II. a distinct Corporation of Surgeons was created. By this act of incorporation, sixteen individuals, nominated by the government, were empowered to choose five others, and these twenty-one persons were called and constituted a "Council, or Court of Assistants." The individuals composing this court were chosen *for life*; they were empowered to fill up *all vacancies* among themselves, and were entrusted with the *entire management* of the Corporation of Surgeons.

For the present advanced state of surgical knowledge and the respectability of its professors, the public is in no degree indebted to the Corporation. The foundation laid by the act

of George II. for a self-elected and irresponsible body, to regulate the surgical profession, produced the usual fruits of such an organization. By a circumstance of rather unusual occurrence the Surgeons lost their charter in the month of July, 1796. Owing to the absence of one of the Council, and the illness of another, a sufficient number of qualified persons could not be assembled to constitute a legal court, for the purpose of electing the officers for the ensuing year. The Corporation was consequently broken up.

An attempt was made in the year succeeding its dissolution to procure the revival of the Corporation under the name of a "College." A bill for this purpose had actually passed the Commons and been twice read in the Lords before the members of the late Corporation were aware of its purport. With the abuses of that Corporation fresh in their memory, they (the members or commonalty) made every exertion to frustrate this attempt to revive it, and their opposition was successful. The evidence submitted to the Committee of the house elicited strong disapprobation of the corporative system, and operated as a check upon any further application to parliament.

In March, 1800, some individuals, through private influence, persuaded the king to concede those corporate privileges that parliament had refused to sanction. His Majesty George III. granted a charter, creating a Corporation, or College, with powers similar to those of the former corporation. The new grant was made "on the humble petition of the late Master and other members" of the lapsed Corporation, forming them into one body corporate and politic by the name of "the Royal College of Surgeons in London." Twenty-one persons (in fact, the *old court or council*) were again appointed for life as a "Court of Assistants," *with power to appoint their successors*, and to manage *all* the corporate affairs.

In short, as may readily be inferred, the "Royal College of Surgeons in London," notwithstanding its imposing title, is neither more nor less than a chartered company, consisting of twenty-one persons, called a Council, or Court of Assistants; the individuals composing which are appointed for life, and possess the further privilege of *nominating their successors*.

The members or commonalty, forming the great body of English surgeons, of which this Close Corporation is the *nominal*



head, amount in number to *eight or nine thousand persons*; but these members, multitudinous as they are, after paying their fees of admission, are allowed to have no more to do with the Corporation to which they are said to belong, than if the College of Surgeons, in London, were located in some foreign country. Each member at admission is compelled to pay 22*l.*, and the annual income of the College, as stated in the return made to the House of Commons, is between twelve and thirteen thousand pounds. Over this large and increasing revenue, the self-elected Council of twenty-one persons have sole control, and for their individual *services* in one capacity or another they retain a large proportion of it amongst themselves. Looking dispassionately at these facts, it can scarcely be a subject of surprise that the Commonalty of Surgery are dissatisfied with the constitution of their College, or that they should wish to possess some elective control over those who administer its affairs.

It has been stated that the members at large are not permitted to have any connexion with the affairs of the College of Surgeons. This condition of things has been brought about by corporate ingenuity, exercised in the usual way, and under the name of *bye-laws*. In the manufacture of these most subtle instruments, the College of Surgeons—that is, the Council or Court of Assistants—have surpassed in extravagance even the College of Physicians. In the early part of their history, the fellows of the College of Physicians were declared competent to practise *every branch* of the medical profession, and apparently for that reason prosecuted the surgeons and apothecaries for trespassing on their extended domain. The early career of the *surgical* corporators has been quite the reverse of this. They, the surgical corporators, passed a bye-law which disqualified every surgeon for nomination to the Court of Assistants who did *not restrict* his practice—not to surgery itself—but *to a particular section* of that branch of the medical art. It is curious to observe the different devices of the two corporations to secure the same end. The object of both was monopoly. The physicians aimed at a monopoly of practice; the incorporated surgeons having no chance of that, aimed at a monopoly of corporate profit and dignity, by declaring ineligible to the Court of Assistants the whole body

of surgeons, with the exception of a *select few who practised in a particular manner*. It is scarcely necessary to add that the *first* Court of Assistants was wholly composed of individuals who practised, or *pretended* to practise, in the way that favoured the exclusive objects of the Corporation.

The Medical Art is, in practice, one and indivisible. No man can fairly claim to be a judicious surgeon, unless he understand physic; and no physician is entitled to the confidence of his patient who does not understand, in addition to physic, anatomy, some of the minor operations of surgery, and *the principles* which guide the practice of the surgeon in *every case* of surgical disease or accident. Between the professions of Law and Medicinē there is this distinction, that a student of Law may direct his attention almost entirely to one department—the practice is so diversified, and so little dependent is one department of the law upon another. But in Medicine the contrary obtains. Each branch of the medical art is so related to and connected with another, that it is quite impossible to thoroughly comprehend one without having a very considerable knowledge of all the rest. The impossibility of drawing a line between the acquirements requisite for the Physician and for the Surgeon will be made evident by a glance at a few of the distinctions which professional etiquette has attempted to establish.

The greater part of the practice of *all* medical men, whether called physicians, surgeons, or what not, is to treat *inflammation*. If an attack of ordinary inflammation be a consequence of cold and seated *inside* the head, the *Physician* claims it as *his case*; if seated *outside*, it is said to belong to the *Surgeon*. The mode of cure in both is, in principle, the same. The Surgeon, in this case of illustration, acts more independently than the Physician—for, as the Physician does not use the lancet himself, he is obliged to call in the Surgeon to bleed his patient, so that the assistance of two practitioners is required, in etiquette, to cure inflammation *within* the head, whereas one is sufficient to remove it from the *outside*. In this way, it may be perceived that the seat or locality of a disease, and *not the disease itself*, decides its character as a medical or surgical case.

Another difficulty in etiquette originate in the *cause* of



disease. The inflammation within the head arising from cold is assigned to the Physician, yet it does not follow that the Physician can claim as his case *every* attack of inflammation occurring *within* the head. If the internal inflammation, instead of being a consequence of *cold*, had succeeded to a concussion of the head, then it is the *Surgeon* that must be called in to treat the patient, as inflammation from *concussion* is considered, in etiquette, to be a surgical case. Here the nature of the disease is the same, and its seat is the same; but because it originated from cold in the one instance, and from concussion in the other, one patient must be treated by a Physician, and the other by a Surgeon.

This example, even in so common and simple an affection as inflammation, will be sufficient to prove that the popular definition which assigns internal diseases to the care of the Physician, and the external to the Surgeon, is defective. The Surgeon, as has been shown, at times directs his attention *inwards*, and it would be quite as easy to find specimens of *external* disease to which the Physician lays claim, as being peculiarly within his province. Diseases of *the skin*, for instance, the *most external* of all complaints, are included, by etiquette, in the range of the Physician.

Now it appears that, even in attacks of inflammation, it cannot be always ascertained whether the case be medical or surgical without reference, not only to its seat or locality, but also to its cause. Nor is this the whole difficulty. In some instances the claims of the Physician or Surgeon cannot be determined without reference to the *degree* of severity of the attack, or the *extent* to which the inflammation has travelled. Erysipelas or inflammation of the skin, for instance, is awarded, by etiquette, to the Physician *while its progress is confined to the texture of the skin*, but, should it proceed a little deeper, as it frequently does on the lower limbs, and affect the structure containing the fatty matter, it is then allowed to be unequivocally a surgical case, and the Surgeon must be sent for. It may, therefore, be necessary to attend to *three* points of discrimination: first, the locality; second, the cause; third, the extent or degree of the affection—before certain cases of inflammation can, according to existing usages, be assigned to the Physician or to the Surgeon.



The great patrons of this professional etiquette are the Fellows of the College of Physicians, and the twenty-one individuals who compose the Court of Assistants of the College of Surgeons. The unyielding opponents of the conventional regulation are the *public*.

A patient, when in want of advice, sends for a *medical* man, without inquiring whether he is called a physician or a surgeon, and, whatever be the nature of his case, he expects to receive from the medical attendant the requisite assistance. The patient is either unable to comprehend, or does not trouble himself about any distinctions that may be supposed to exist in the minds of the fastidious as to medical and surgical complaints. The patient, in short, requires for his *ordinary* medical attendant a person who will make himself thoroughly acquainted with his (the patient's) habits and constitution, and under every circumstance endeavour to preserve his constitutional health and bodily powers in good condition. A medical man who is able and willing to supply this common demand is, in professional language, called a "General Practitioner," or "a physician" or "surgeon in general practice"—that is, he does not limit his practice to the course laid down by etiquette.

*Another* or *second* order of medical men is called into existence by *the wants of the public* in the following manner:—

As physicians and surgeons in general practice advance in life and in public confidence, they find perhaps that they may advantageously lessen the amount of their labours. Their advice or assistance being now more highly prized than that of their juniors, who are only beginning to earn a reputation, the senior practitioners may recede from the position of ordinary attendants, and, in obedience to the public demand, become *Consulting* Physicians or Surgeons, restricting their consulting practice probably to that department for which they found their abilities best suited when attaining a general and indispensable knowledge of Medicine in all its branches. In this transition there is nothing forced or out of place. The juniors come to supply the vacancies created by the promotion of their more advanced brethren, and the patients can still avail themselves of the assistance of the latter in times of difficulty or danger, where a consultation is required either to calm the



apprehensions of the sick, to assist the junior practitioner, or to divide with him the responsibility of the issue.

To attain and to deserve the rank of a Consulting Physician or Surgeon is a noble object of ambition. Every professional man cannot in reason expect to hold that rank, much less to deserve it. In Medicine, as in other pursuits, many members there are of such humble capabilities, that they will never, legitimately, rise above the level of mediocrity; others, again, from the possession of unusual talent and industry, may succeed to the highest honours of practice in a comparatively short period. Apart from these regulating influences, the number of consulting practitioners will be necessarily limited, as the demand for them is small.

These distinctions among medical men—the effect of opinion—seem easy and natural; but the medical Corporations, not being satisfied with this division of labour, have directed their efforts to establish other distinctions better adapted to their own views.

Seeing that different professional ranks will always exist, the Corporations of Physic and Surgery, instead of allowing public opinion and public patronage to determine the position of individuals, fell into the unfortunate error of supposing that they, the Corporations, were the proper tribunals to decide the question. By their regulations, made under this mistaken view, and by the example of their favoured members, these bodies declare that any medical student, possessing *more wealth* than the majority of his compeers, may enter upon a course which will lead him without fail to the highest rank of the profession. They ordain that, having passed a routine examination before their boards, he may *commence* practice as *consulting* physician or *consulting* surgeon without reference to natural ability or superior acquirements, and, of course, without reference to popular opinion, as the public have not yet had time to make his acquaintance. The only qualifying condition that the Corporations exact from the young practitioner is, that he shall restrict his practice to *one* branch of the art—either to what they call “pure physic,” or “pure surgery.” This order of medical men, who have assumed the titles of *Pure Physicians* and *Pure Surgeons*, may be considered a sort of anomaly in the profession. They are of modern origin, unknown in every

country beyond the British dominions, and may be said to be confined to England and Ireland. In Scotland they do not at present receive any encouragement.

To say that these *pure* or branch practitioners are countenanced in England and Ireland is allotting to them a much wider field than they really occupy. It may be said with greater accuracy, that they are confined to the metropolitan cities—London and Dublin. Out of these capitals they do not succeed. Now, it may well be inquired by what means do the pure practitioners manage to turn their limited opportunities to a profitable account—the *pure* practitioners are *few* in number: the *general* practitioners, including the consulting men who have been such, amount to *many thousands*; public opinion is favourable to the extension of the *general* practitioners—it is unfavourable to the *pures*?—To this question a satisfactory answer may be given in a few words. The pure practitioners have possessed themselves of the Corporations of Physic and Surgery, and they also enjoy a monopoly of nearly all the hospital appointments. By holding these strong positions, they are empowered to levy contributions, in the shape of fees for diplomas, &c. on the great mass of medical men; and in this country their names are so often brought officially before the inhabitants of the metropolis, where patients in their choice of consulting advisers are frequently guided rather by notoriety than by merit, that those pure practitioners are at times supposed to be, by the uninitiated, the only qualified persons in the profession. The Corporations and Hospitals are looked upon by aspirants of this order as a sure provision for their riper years.

In thus selecting certain young men to fill the higher walks of a scientific profession, the practice of the Medical Corporations does not appear to coincide with that of some other public bodies. In law, the Benchers are not empowered to set apart a few young barristers with the intention of making them Judges or Counsel, to take precedence of all others in rank and honour. In the Church, a chosen number of young clergymen are not recognised as possessing a special education or claims for a Bishopric. Nor do we hear of mathematical seminaries for the express production of *Great Astronomers*, or of political societies for the assured evolvment of Ministers of State.



*Branch Bye-laws.*

Several of the comparatively modern bye-laws of the medical Corporations or Colleges are founded on this most erroneous principle, "that the different branches of the medical art are *incompatible*." The ancient luminaries of medicine, Hippocrates, Galen, Celsus, &c., whom the corporations affect to revere so much, were not, judging from their works, of this opinion; and with regard to the College of Physicians, the assumed incompatibility is the very reverse of the early views of their body, as seen in the 32nd of Henry VIII., by which act the members of the College were declared *qualified to practise surgery*. In relation to this act, the Parliamentary Committee asked Mr. Willcock—"Would any bye-law be lawful that restricted a licentiate or fellow after his admission or election from the practice of surgery?" The reply was, "*It certainly would not be lawful*." Thus it is clear that the forcible restriction to *one* branch, imposed by the College of Physicians on its fellows, is illegal, as well as contrary to common sense and to the wishes and interests of the public.

So far has this distinctive feeling been carried by the College of Physicians, even up to the present day, that should a member of the Corporation of Surgeons apply to be admitted into the Corporation of Physic, thinking his abilities better suited to that department, the incorporated physicians will not receive him unless he gets himself *disfranchised* of the surgeons, for which favour he is required by the Corporation of Surgeons to pay a considerable sum, in order, it may be presumed, to discountenance such breaches of conventional decorum.

Irrational and injurious as are these *branch* bye-laws of the College of Physicians, they may be considered as representing reason and excellence, when compared to that law of the College of Surgeons, which stands first on their list. The first bye-law of the Corporation of Surgeons is, "That *no* member of the College, whose professional practice is *not* confined to surgery, shall be elected *a member of the Council*."

As might be expected, the Council or Court of Assistants which passed this bye-law was composed of *pure* or *branch* surgeons, and their aim was to permanently exclude from office all surgeons in *general* practice. That the acquirement of

additional information on the part of the latter should be made the ground of exclusion from collegiate honours seems to be the most singular and the most bewildering of all the eccentricities embodied in the bye-laws of the medical corporations. The surgeons in *general* practice, at the period of their induction into the College, passed through precisely *the same species of examination*, and paid exactly the *same fees* as the *pure* surgeons. The *general* surgeons, moreover, amount to upwards of *eight thousand persons*, while the *pure* surgeons do not probably exceed the number of *one hundred*—indeed they do not themselves lay claim to more than one hundred and fifty or two hundred individuals, throughout the whole of England and Wales. Would it not therefore appear the less inconsistent course, if any distinction were made amongst the members, that the governing Council of the College of Surgeons should be elected out of the great majority, who maintain, both by their numbers and contributions, the influence of the College, than out of the trifling minority, who, although they take several thousands a-year from the institution, contribute scarcely anything to its support?

But the full measure of injustice inflicted under this bye-law of the *pure* practitioners is not yet seen. The Council with whom the bye-law originated assume the further privilege of giving it their own interpretation, and in this way it appears to have a different meaning when applied to themselves, than it has when applied to the surgeons in *general* practice. It is quite notorious that “pure surgery,” or, as it is usually translated, *operative* surgery, or that connected with *manual* assistance, is so narrow a field, that no order of surgeons could maintain themselves respectably within it. The pure surgeons, therefore, while they *nominally* restrict themselves to this narrow field, *in reality* encroach as much as they can on the department of the pure physician. Mr. Guthrie, the (pure) President of the College of Surgeons, was thus questioned by the Committee of the House of Commons :—

By the Committee.—“The number of members of the College who practise ‘surgery only’ being about two hundred, and the number of other members, who are general practitioners, being about eight thousand, is it likely that so large a majority as eight thousand will continue satisfied to be excluded from the Council, and to see the government of the



College exclusively intrusted to the small minority of two hundred?"

Mr. Guthrie.—“I believe it is as satisfactory to them as any other mode with which *I am acquainted*.”

The Committee.—“Do you believe that a large number of those gentlemen who are qualified to be elected into the Council, as *professing to confine their professional practice to surgery*, do *not* confine it strictly to surgery, but embrace in it a large proportion of purely medical cases?”

Mr. Guthrie.—“Their practice *is very much medical*.”

The Committee.—“Does surgery any longer mean what it did a century ago?”

Mr. Guthrie.—“Every science and every art has improved since that time; but it means what it did seventeen or eighteen centuries ago. I believe that Celsus, as well as Galen, but particularly Celsus, *was both a physician and surgeon*.”

By the Committee.—“When you have a number of men of education, deeply versed, by dint of hard study and labour, in all those branches of medical science, upon which medicine and surgery in common depend, would it not be very unreasonable to exclude them from practising in any department of either art for which they are qualified, and in which they or the public may be desirous that they should practise?”

Mr. Guthrie.—“It would be very unreasonable indeed to exclude them from practising, but not unreasonable to exclude them from the honours of *one particular branch*.”

The Committee.—“Was not a large portion of Mr. Abernethy's practice of a *medical* kind?”

Mr. Guthrie.—“So is my own, and so is every surgeon's in London.”

Subsequent to Mr. Guthrie, Sir Astley Cooper was examined by the Committee, and, amongst others, the following question was put:—

“Does not a large proportion of the practice of those surgeons in London, who are called *pure* surgeons, consist of medical practice?”

Sir Astley.—“No man is fitted to practise surgery who is not a good physician; and if he does not prescribe well, he will lose half the patients that surgery gives him.”

This evidence proves, then, that the practice of *pure* surgery

is a mere fiction invented by the “pure practitioners” to exclude from the honours of the College all those surgeons who are openly engaged in general practice. Amongst the Council there are some individuals who are not blind to the injustice of this exclusion, as will appear from this extract taken from the evidence of Sir Charles Bell.

By the Committee.—“Should the selection of Councillors be intrusted to the Council or to the whole body of the College?”

Sir Charles Bell.—“It would give more satisfaction were it the act of the whole body; and I think too that you would have more eminent men: at the same time, I hope the Committee do not conceive that I mean any disrespect to the present examiners.”

The Committee.—“You would not then exclude any practitioners, as a class, from belonging to the Council?”

Sir Charles Bell.—“I certainly would not.”

The Committee.—“Would it be desirable to institute two grades in the profession?”

Sir Charles Bell.—“When I was called here, I turned it in my mind, and saw great difficulties and many disadvantages.”

The Committee.—“What difficulties and disadvantages did you see?”

Sir Charles Bell.—“One certainly would accrue: that men of fortune would educate their sons for this higher grade; but presently we should see, that men who struggle to obtain an education, and who, by that very difficulty, attain strength of character, would ere long prove themselves to be *the acknowledged heads of the profession*. We do not find, as a matter of fact, that the young gentlemen who enter the study of our profession with every advantage of fortune are those who make most progress in the long run.”

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### *Bad Effects of the Branch Bye-Laws on Medical Education.*

Another evil of great magnitude, arising out of the branch bye-laws, is, that they have completely deranged the regular course of Medical Education. The public have, at present, no certain warrant that the practitioners in physic, who daily receive the licence of the College of Physicians, possess more than a *third* or a *fourth* part of the education essential to a



medical man of proper attainments. As the governing body of this College consists of *pure* physicians their examiners restrict the examinations to “pure physic,” and refuse to ascertain the qualifications of their candidates either in “pure Surgery,” in Midwifery, or in Pharmacy, although a knowledge of, at least, the principles of these branches is indispensable to an able physician. After the same manner, as the Council of the College of Surgeons consists of *pure* surgeons, *their* examinations are not permitted to extend to “pure Physic,” or to Midwifery, or Pharmacy, so that the examinations of the two colleges do *not* afford the public any protection against the ignorance of their members in three branches out of the four which should constitute the basis of a regular medical education.

This glaring defect in the mode of examination led, in 1815, to the creation of a new anomaly in the government of the medical profession. To afford the public some protection against ignorance in Pharmacy, an act of parliament was passed incorporating a Company or College of Apothecaries to form a board of examiners in that department. Since 1815, all physicians and surgeons who desired to enter upon general practice were, and now are, obliged to go to Apothecaries Hall to get themselves patched up or certificated, as fitted for practising beyond the branch departments of their respective colleges; and this abject submission of the highest ranks of the profession to the lowest was brought about by those dogmatic bye-laws of the College of Physicians and Surgeons, which, that a few individuals might be protected in the possession of an unjust monopoly, were passed to degrade and harass the great majority of the members.

Though Pharmacy was provided with its examining board, another branch of the medical art remained, and still remains, without legal recognition or control. Midwifery, a branch of surgery that treats of the various dangers connected with parturition, as well as those numerous diseases that are in a great measure peculiar to females and children—yes, this very important branch of the medical art was rejected by the College of Physicians and Surgeons as unconnected with their course of studies! The reasoning of the Colleges on this subject is deplorably ridiculous. The pure physicians say, they



reject Midwifery because, if interference be necessary, parturition is a *surgical* operation. The Corporation of Surgeons, on the other hand, deny that it belongs to *pure* surgery\* ; yet these pure surgeons are the very men who take, by acknowledgment, all the purely medical cases that come in their way ! Since there is no legally-constituted board in this country to test the qualifications of persons who practise Midwifery, it is not surprising to find Sir Astley Cooper making the following statement in his reply to a question of the Committee of the House of Commons :—“ I have heard of such horrors from ignorance in Midwifery as would harrow up your souls, if I were to repeat them.”

\* In 1834, apparently with the view of getting up a sort of defence of this unreasonable conduct, and to make a show of propriety to meet the Parliamentary investigation, the Corporation of Surgeons submitted a case to counsel, to ascertain whether the Corporation had power or not to constitute a *distinct* board of midwifery, or to depute a portion of its Court of Assistants, with some other persons, to form a board. Of course the Corporation was told that it had no power to do that, which would have been equivalent to the formation of a *new* corporation. Had the Corporation of Surgeons been really sincere in its efforts to bring midwifery within the scope of a regular examination, its own examiners, as a body, would have tested the qualifications of surgical students in midwifery, at the same time that these students were examined in the other branches of surgery ; but this plain and obvious course could not be adopted without proclaiming the absurdity of the bye-law of the Corporation, which excluded from its examining body *all practitioners in midwifery*—students, moreover, would have scarcely submitted to be examined in midwifery by a body of men whose first and indispensable qualification for the office of examiner was, that they should *not practise* in that department, or, in other words, know any thing about it.

The character of the legal categories of the medical corporations is worthy of remark, inasmuch as such inquiries are generally directed to ascertain some mode by which the corporations may escape from the performance of a correct act, or as to how they can safely, in a legal point of view, perpetrate a bad one. With respect to the latter, they are not very ceremonious ; as, for example, amongst other extraordinary freaks of the College of Surgeons, complained of by the members at large in their petition to Parliament in 1826, was a bye-law which decreed that the members, amounting in number to 8000, should go in at the inconvenient *back-door* of the College, *while the front entrance by the portico in Lincoln's-Inn-Fields was reserved for the admission of the twenty-one persons composing the Council, and their particular friends*. And this is the College, which has cost the public in Parliamentary grants for its erection and museum a sum of not less than 42,500*l.* !!



As a remedy for the evil, it has been suggested by some of the pure practitioners that another anomaly should be added to the government of the profession, in the shape of “a College” to receive certain special examiners for Midwifery; but is it thus that the unity of medical science is to be frittered away into so many “pure” absurdities, to gratify either mistaken vanity or empty etiquette? With a College of Physicians, a College of Surgeons, another of Apothecaries, and a fourth of Accoucheurs—why not continue the subdivision down to a College of Oculists—of Aurists—of Dentists—and even to a College of Corn-cutters?

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## THE COMPANY OF APOTHECARIES, OR CORPORATION OF PHARMACY.

IN the reign of James I., the apothecaries obtained letters-patent separating them from the grocers, and forming them into a distinct Company.

This separation, together with some other changes then introduced, excited so much irritation, that it was made one of the grievances complained of by the House of Commons in 1627; their complaint was thus set forth:—"Whereas the apothecaries of the City of London have been anciently members of the Company of Grocers and whereas the grocers did even buy and sell all manner of drugs as well as apothecaries, and distil all kinds of waters, &c., &c.; the said apothecaries, without the consent of the said grocers, obtained letters-patent, bearing date 6th December, in the 15th year of your reign, whereby the apothecaries are incorporated, and divided from the Company of Grocers, by colour of which letters-patent the apothecaries have appropriated to themselves the whole buying and selling of all drugs, and the whole distillation and selling of all waters within the said city, and seven miles thereabout, which is against the law, to the impoverishing of many families, &c. Your Majesty's loyal subjects, therefore, humbly pray that the letters-patent be declared void."

It appears that, at this period, the number of apothecaries in London and seven miles round was about one hundred and forty.

After their separation from the grocers, the apothecaries occupied the station and performed the same functions as the *retail chemists and druggists* of the present day. It was their (the apothecaries') business to sell such medicines across the counter of their shops as were demanded by *name* by purchasers, and it was their further duty to make up the prescriptions of the physicians according to the directions therein contained.

Their legitimate calling being altogether restricted to the



selling of drugs in either of these ways, the apothecaries did not venture for some time to pass the limits of the dispensing department; but the unfortunate circumstances in which the profession was placed in the seventeenth century held out too many temptations to interlopers for this state of things to continue. The College of Physicians had then unduly limited the number of its members, and a large portion of the public were consequently compelled to seek assistance at the hands of the pretending ignorance of the age. Over their illegitimate competitors the apothecaries had some advantages. On their files were the prescriptions of the physicians, and, as they generally inquired of patients or their friends for what symptoms the prescriptions had been given, the apothecaries recommended a trial of the same to all persons who came to their shops with symptoms bearing a resemblance to those previously described. This was the first stage of the transition by which the apothecaries were enabled to act the physician. How long they continued to practise “across the counter” alone in the double capacity of dispensers and prescribers does not appear, but it is probable that the comparatively large profits to be derived from visiting patients at their own houses led the apothecaries soon to hazard an occasional “attendance\*.” Habit begot confidence, and the abuse sanctioned by long custom ultimately seemed to the highest judicial authority less injurious to tolerate than to destroy. (Vide the appeal case of Rose, in 1704.)

The College of Physicians was not idle during the encroachment of the apothecaries on its privileges, which Dr. Goodall, the College historian, fully attests. But the

\* When prosecuted for acting the physician, the apothecaries advanced, by way of disproving the charge, that they took *no fees*, and charged *only for their medicines*. This was the origin of the practice of sending *superfluous* medicines to their patients, which the apothecary-physicians of the present day are obliged to continue, as the *law* does not permit them to recover a sufficient remuneration by any other mode. That one bad law is generally the parent of others is fully illustrated in almost every page of this sketch of the profession: thus, instead of undertaking to reform the Corporation of Physic, the House of Lords elevated the apothecaries to the *rank* of physicians, and legal decisions given subsequently obliged them to continue their mode of charge as if they had remained mere retailers of drugs!!

inutility of prosecutions, fines, and imprisonments, was made evident at the trial of Rose, when the apothecaries, despite of opposition, had increased in number to one thousand.

This remarkable increase in the number of the apothecaries shows, more strongly than all the unfortunate acts of the College taken together, the improper influence of that corporation on the early practice of medicine. What must have been the paucity of qualified practitioners when a thousand persons, ignorant of almost every quality of medicinal substances, unless their weight and colour, were called upon to prescribe for the various, complicated, and abstruse diseases to be found amongst the crowded population of a great city? As well might the-sellers of books have been called upon to explain and illustrate the contents of the multifarious volumes—common, classical, or scientific—which occupied their shelves!

Seeing that prosecutions failed to keep the apothecaries from prescribing, other means were tried. In Charles the Second's reign, some physicians endeavoured to guard against the improper use of their prescriptions by ordering a compound which could be procured only at their own houses, or from a confidential person, communicating its mode of preparation to their fellow-members of the College. Other physicians, again, undertook to furnish their patients with the necessary medicines without any charge beyond their usual fee. This last plan for checking the encroachment of the apothecaries was strong *in principle*, for it went to take the dispensing of medicines, on prescription, out of their hands, and in that way to place a barrier between them and the public confidence; but, like all preceding schemes, it proved unsuccessful owing to the continuance of the old evil—the College monopoly. While the physicians were so few, it mattered not how they disposed of themselves—in fact, the more duty they undertook to perform, the less capable were they of meeting the demand. If they were unable to furnish advice to a tenth of the population, could it in reason be expected that a sufficiency of advice and *medicine also* would come from the same quarter?

The result of furnishing their patients with medicines, instead of allowing the supply to depend upon the apothecaries,



caries, would have been very different in case the physicians had opened the doors of their College to the admission of a proper number of fellow-labourers. Had this been done, the vulnerable side of the apothecaries' influence would have been laid open, and, judging from events less remote, the apothecaries have never lost sight of the danger to which this act of reprisal would have exposed them.

The decision of the appeal case of Rose laid the College of Physicians prostrate at the feet of the apothecaries; but this triumph did not secure to the latter a monopoly of practice. By the same decision the surgeons also appear to have been made an independent body, for with them the College did not afterwards interfere, probably lest it should experience a second defeat. The surgeons, freed from the perils of prosecution, soon rose into importance, and, in 1745, they received their Charter, forming them into a distinct Corporation.

Since that period the College of Physicians has exercised scarcely any active influence on the practice of medicine in England. Three different orders of medical men, under the common designation of "General Practitioners," have supplied nearly the whole of the professional wants of the public. These three orders were composed of, 1st., *physicians*, graduates of the Scottish or of foreign universities; 2nd., *surgeons*, of the London or of other British Colleges of Surgery, who did not restrict their practice to one branch; and, 3rdly, the *English apothecaries*, who, although possessing no regular education, had been authorized by the decision of the House of Lords to practise in any way they thought fit, either as physicians, or as surgeons, or, as they originally were, retailers of drugs.

With such different qualifications, it could not be expected that the practice of medicine would be equally divided amongst the three orders. For a considerable period, there being few competitors, the apothecaries had it nearly altogether to themselves; but subsequently, when the number of the physicians and surgeons had considerably increased, the influence of the apothecaries began to decline. Two reasons might be assigned for the superior success of these physicians and surgeons. Acting as general practitioners, even though they might be nominally attached to the British Colleges, they were not

bound by their rules of etiquette. Wherever, or in whatever professional department the public required their services, the physicians and surgeons were ready and willing to attend and furnish advice. Nor did they refuse to supply the medicines prescribed by themselves to their patients, when this economical course was required to meet their desire or their worldly circumstances. As an inevitable consequence of superior and adequately educated grades of the profession undertaking general practice in all its branches, the influence of the apothecaries, who had received no regular education, began to decline.

In the beginning of the present century, while the physicians and surgeons in general practice were gradually superseding the uneducated apothecaries, and things were getting into a better state, another of those most singular changes was brought about, which have so peculiarly marked the progress of medicine in England. It was fated that the uneducated apothecaries, who had outwitted the grocers, and, in their legal contest, defeated the College of Physicians, should eventually succeed, by a legislative stratagem, in driving their last opponents out of the field.

The occasion on which this new change may be said to have originated was at a meeting of English apothecaries, assembled July, 1812, for the purpose of considering the high price of glass. After the discussion of this grievance, the apothecaries turned their attention to other causes of complaint, and, amongst the rest, the very low state to which competition had latterly reduced their branch of the profession. After several meetings on the subject, it was agreed to appeal to Parliament, and a petition was accordingly drawn up and presented to the house in February, 1813. The petition stated that many ignorant and utterly incompetent persons practised as apothecaries in England and Wales, and in consequence of the injury thereby occasioned to their (the apothecaries') character and interests, they could obtain *few apprentices*, whence they begged leave to introduce a bill to regulate the practice of apothecaries. Before this time it was not unusual for Parliament to hear petitions against masters taking too many apprentices, but this was probably the first instance in which a dearth of apprentices was made the subject of complaint.



The object of the application was evidently to revive the drooping influence and interests of the apothecaries, by fees to be derived from compulsory apprenticeship, and to obtain an increase of power.

A bill was accordingly framed and brought in, providing that a new corporation of apothecaries should be formed, with power to examine and license all future practitioners in this line; but in consequence of the opposition which it met, the bill was withdrawn, March 26. Mr. Calcraft, to whom its management had been intrusted, observed on the occasion, "That an unfounded prejudice of so strong a nature had gone forth to the public on the subject of the Apothecaries' Bill, that it was deemed advisable by the friends of the measure to withdraw it."

In Nov. 1814 another bill was brought into Parliament, to extend the power of the Apothecaries' Company; but after undergoing numerous amendments and transformations in the Lords, it also was ultimately withdrawn.

A third bill, the present "Apothecaries' Act," was brought into Parliament soon afterwards—and this bill was carried, on the third reading, *by a single vote*, just as the House was about to break up for the session.

By this—the Apothecaries' Act—all persons who intended to commence practice as apothecaries in England and Wales subsequent to 1815 were to be examined by individuals appointed by the Company of Apothecaries, and *no person was to be admitted to any such examination for a certificate to practise as an apothecary unless he had served an apprenticeship of not less than five years to an apothecary.*

These are the essential provisions of the far-famed Apothecaries' Act, which has been the subject of so much complaint, which, by a numerous body of physicians and surgeons, is represented to be an intolerable grievance, and degrading to the profession. To ordinary perception these provisions would appear to relate solely to *apothecaries and their peculiar affairs*—indeed it might puzzle a very ingenious person to discover any way by which they could be strained to apply to physicians or surgeons; but that they did so apply was soon made manifest after the act came into operation.

By the legal construction of the Apothecaries' Act, all phy-

sicians and surgeons *who had not served an apprenticeship of five years to an apothecary*, and who commenced practice subsequent to 1815, *were deprived of the power, under a heavy penalty*, of furnishing any medicines to *their own patients*. To deprive those physicians and surgeons, who wished to commence general practice, of the power of sending medicines to their own patients—a power possessed by such persons from time immemorial—was, in other words, *to deprive them* of every share in the greater part of all the medical and surgical practice in England and Wales, and to hand it over *exclusively to the apothecaries*.

The manner in which the Apothecaries' Act was hurried through Parliament will in some measure account for its wretchedness as a piece of legislation. The bill was brought into the Commons June 28th, 1815. It was committed July 3rd, and passed the 5th. After transmission to the Lords, it was hurried onwards in the same way, and on July 11th it was agreed to by the Lords. In the House of Lords, on the motion that the report of this bill be received, Earl Stanhope rose to express his objections:—"He had never seen," said his Lordship, "such a bungling bill, even from the bunglers of the House of Commons. With respect to the present bill, he was decidedly friendly to its object; but he was an enemy to its clauses, because they were oppressive. He objected also to its being made a *private bill*, as it was *smuggling the measure through the House in an unfair manner*." In defence of the bill, the Chancellor said, "It would be a great act of injustice towards the suitors for the bill, if they were now, after having suffered it to go through so many stages, at a *considerable expenditure of time and money*, to throw it out." So the Apothecaries' Bill was passed for no better reason, it appears, than to save its authors from the loss of the time and money which they had wilfully expended in making an insidious attack upon the just and ancient rights of physicians and surgeons!

The ostensible object of the Apothecaries' Bill, as alluded to by Earl Stanhope, was to establish a Board of Examiners in Pharmacy, to supply the defect which the Corporations of Physic and Surgery had unfortunately created by dividing the profession into branches. While the apothecaries, therefore,



kept this object prominently before Parliament, they managed, on the third reading of their bill in the Lords, to get the Apprenticeship Clause inserted, by which physicians and surgeons—however qualified in knowledge—would be refused admission to examination at the new Board of Pharmacy, *unless they had served an apprenticeship of five years to an apothecary.*

The apothecaries of the present day deny that their body had anything to do with the concoction of the degrading Apprenticeship Clause. They say that at the suggestion of one of the Bishops, and contrary to the wishes of their body, it was appended to their bill, on the third reading: but in reply to this it is scarcely necessary to observe, that the bench of Bishops could have had no personal interest in the supplying of apprentices and apprentice fees to the apothecaries, and that most probably the Bishop of Peterborough, in proposing this clause, merely acted as the representative of the opinions and interests of his own apothecary. Indeed, if further evidence were required to determine the point, it would be found in those petitions and bills, which the apothecaries had formerly laid before Parliament, the chief burthen of which was the subject of Apprentices; but, finding that these unequivocal applications ended only in disappointment, on a third trial, the more cautious course was adopted, of getting the Apprenticeship Clause inserted at the final reading of their bill.

The fact is, the apothecaries of the present day are ashamed to acknowledge the Apprenticeship Clause as their own. The reason of this is obvious. The majority of the members of their Company are now very unlike the uneducated apothecaries of 1815. No characteristic, perhaps, could be attributed to them in common, but the name, and of this they are also ashamed, and properly so if their other qualities do not correspond with it. Their Act has been the source of much power and wealth to the apothecaries; and, as might be expected, their social position is elevated thereby: or, probably, it should rather be said, by the exercise of the singular prerogative, which they obtained from the legislature in 1815, persons destined for the higher ranks of the profession have been *compelled* to become apothecaries. By the return made to the House of Commons in 1834, it appears that 3500

members of the College of Surgeons are enrolled as licentiates of the Apothecaries' Company. Many graduates of the universities are in the same position, but the number of these cannot be ascertained. When names are mere sounds, any particular designation is of little importance; but when, by expression or association, they tend to lower a professional man in his own opinion, or in the opinion of others, they should be avoided. To compel, therefore, an individual who wishes to pass through a lengthened course of study to qualify himself to practise medicine in all its branches—to compel this individual, I will venture to repeat, to add to his proper designation of physician or surgeon the adjunct of “apothecary,” and to undergo a five years' useless and expensive apprenticeship,\* to obtain this sign of his degradation, seems at least tyrannical, if not absolutely cruel. The flame of genius, like its kindred spark, should fly upwards, and would it not be more natural, as well as politic, that an apothecary who had evinced some medical ability should be admitted to the rank of physician or surgeon, than that the converse should obtain?

The laws of this country have introduced a medical system unknown in every other, and one of its prominent features is, that a large body of physicians and surgeons are *compelled* to become apothecaries. If this fact, and the circumstances under which the Apothecaries' Act originated, together with the Apprenticeship Clause, could, for a moment, be forgotten, the examining board of pharmacy would deserve to be well

\* To attain a proper knowledge of the compounding and dispensing of medicines, for which a student is bound apprentice to an apothecary for five years, could be as thoroughly learned by any person possessed of ordinary understanding in as many *months*. For this useless apprenticeship, in the shape of fees, the class of students who become surgeons pay each from 150*l.* to 300*l.*, so that the above 3500 members of the College of Surgeons alone, taking the sum at 150*l.* each, have paid in apprentice fees 525,000*l.*, or upwards of half a million sterling. An additional sum is to be paid at the Apothecaries' Hall, for the “certificate,” of ten guineas by each student that is to practise in town, and six guineas if he is to practise in the country: taking eight guineas as the average of these certificate fees, the amount will be 28,000 guineas. Yet these items form but one portion of the emoluments derived by the apothecaries from their Act, as no account is made therein of the sums paid by the graduates of the universities, or by those students who did not look for a higher title than that of “apothecary.”



spoken of by the public. The constant tendency of the board has been to raise the standard of medical education in every department, presenting a favourable contrast to the Corporations of Physic and Surgery, whose examinations are, in a great measure, restricted to the branch sections, within which the labours of the corporators themselves are supposed in practice to be confined.

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### *Recapitulation.*

Before closing this sketch of the Medical Corporations, I shall take leave briefly to recapitulate some of the leading points which I have endeavoured to illustrate, and on which reformation ought to bear. In a subject that has been rendered so complicated by allusions to various and conflicting interests, and laws and bye-laws, this repetition will probably not be considered altogether useless.

As the Medical Corporations or Colleges are in the possession of a comparatively few individuals, who act on peculiar views and interests, these Corporations have no community of feeling with the general body of medical men. The College of Physicians is ruled by its President and Fellows, who elect *their* successors; the College of Surgeons is ruled by the twenty-one members, who constitute the Council, or Court of Assistants, and who also elect their successors. These ruling authorities hold office for life, and acknowledge no control but their own wishes, and the construction which they themselves put upon their charters. Possessing irresponsible power, these narrow corporations have made various bye-laws to oppress and degrade the members at large, though amounting in number to many thousands. Not content with the differences of rank, which are produced by individual ability and acquirements, and public patronage, and which will always exist in the profession, the Corporations have created many artificial and injurious distinctions. Apart from those that operate within the College walls, as between the Fellows and Licentiates of the College of Physicians, other distinctions have been established that operate *without* their walls, by which an attempt is made to divide the medical art into separate branches, to the great injury of the public interests,

as well as to the detriment of the profession, and in violation of the principle on which the medical corporations were originally constituted.

The principle of their constitution is violated, inasmuch as these corporations do not at present form Examining Boards to stand between the public and incompetent practitioners in their respective departments. By the College of Physicians restricting its examinations to what is called “pure physic,” the public have no warrant that the physicians who obtain its licence are fully qualified to *practise* physic; and by the College of Surgeons restricting its examination to “pure surgery,” the public have no warrant that the surgeons who receive its diploma are fully qualified to *practise* surgery—for *in practice* these artificial distinctions cannot exist. What renders the defective state of the examinations at these Colleges the more glaring is, that they will punish by exclusion from all corporate offices and degradation of rank any of their members that may go before a second board to remedy the omissions of the first—provided the additional testimonial is turned to any practical account.

Out of this branch system, the multiplication of Examining Boards has arisen, which is of itself an evil of some magnitude, as it tends to destroy the unity of medical science, and to harass and produce dissensions among its members. For this reason the Board of Pharmacy should never have been established, and even the creation of a Board of Surgery was injudicious.

Moreover, to guard against the defects in the examinations of the College of Physicians and Surgeons, it has been considered necessary to constitute an examining board in the Army, and another in the Navy, which, if it be not disgraceful to the medical corporations, is, at least, galling to those individuals who are obliged to undergo examinations before *several* boards, when *one* might be made more efficient than the whole. As an instance of the impropriety of having the medical corporations acting on inefficient and discordant principles, it may be mentioned that an army order was issued in July, 1830, which excludes from his Majesty’s military service all *pure* physicians; and by the army regulations surgeons are required to stand an examination *in physic* before the army medical



board. The army order which excludes pure physicians runs thus:—"No medical candidate who has not passed his examinations at the Royal College of Surgeons of London, Edinburgh, or Dublin, shall be eligible for this commission." Now, should a Fellow of the College of Physicians, who considers himself in the very *first* grade of the profession, apply for an appointment in the army, he is placed in this awkward dilemma, that he cannot get into the army without becoming a surgeon; and, should he become a surgeon, he is liable to be turned out of the College of Physicians.

In addition to these various authorities, there are others in different parts of the United Kingdom which assist in extending the confusion that pervades the profession. Dublin has its Corporation of Physicians, its Corporation of Surgeons, and its Corporation of Apothecaries, which are equally addicted to the making of erroneous and oppressive bye-laws as their brethren in London, and all have their peculiar modes and forms of examination. In Edinburgh, also, there is a Corporation of Physicians and of Surgeons; and, in Glasgow, the University and the Incorporated Faculty exercise a somewhat analogous power. In Scotland, however, there is no such body as *apothecaries*.

As these Corporations exist solely for their own benefit, they form so many *barriers* that prevent medical talent from circulating as it ought in reason to do throughout the three kingdoms. A medical man, who has paid the corporate fees, and passed the examinations in one capital, must pay the fees again and pass a similar course of examination, should he remove to another capital. Thus a surgeon who is a member of the corporation of surgeons in London, should he remove to Dublin, is told that he is there practically *no* surgeon, unless he pay the fees and become a member of the corporation of surgeons in Dublin; and an apothecary of Dublin, should he come to London, is told that he is practically *no* apothecary here unless he pay the fees, and become a licentiate of the corporation of apothecaries in London; and a physician of the corporation of physicians in Edinburgh, should he remove to London, is told that he is practically *no* physician in this locality, unless he pay the fees and become a licentiate of the corporation of physicians in London. These "regulations,"

albeit sufficiently ridiculous, are by no means matters of form,—they are enforced by legal penalties.

The grant of the charter of Henry VIII. contemplated the existence of only one species of examining board in England, and to this simple and excellent principle Legislation will perhaps act wisely to return, expanding it merely to suit the altered circumstances of the times, and carefully guarding it against abuse. At present, the surgeons practise physic, which was not the case at that early period, therefore a single examining board, were it hereafter constituted, should consist of two classes of professional persons—Surgeons and Doctors of Medicine; but as neither can judiciously perform their professional duties without a knowledge of pharmacy quite equal to that possessed by the medical practitioners known under a different name, it would be irrational to speak of a third class as being necessary to the completeness of the General Board.

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## A PLAN OF MEDICAL REFORM,

INTENDED TO UNITE THE DIFFERENT CLASSES OF MEDICAL  
PRACTITIONERS, AND TO PLACE THE PROFESSION  
ON A SOLID AND PERMANENT BASIS.

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MY LORD,—Before entering upon the second part of his subject, the individual who has the honour to address your Lordship will take the opportunity of stating, that, in the remarks submitted in the preceding pages, he has performed an unwilling task, and has been moved by no personal feeling or consideration. With the *system* alone it has been his object to contend, and if a review of the errors of that system had not appeared to be a necessary precursor of its removal and the substitution of a better, his pen would never have been employed in the exposure of those errors. Should his animadversions on the medical corporations seem too strong, he can only say that they have not been permitted to exceed the measure of his conscientious conviction of the deserts of these bodies, when estimated by their influence on medical science and the interests of the public. The writer is fully sensible that talent and private worth are confined to no station or order of men, and he is happy to acknowledge that in each department of the profession there are individuals who deserve to share in every honour it may have to bestow. In a process of reform or reconstruction, the fair claims of the meritorious of all classes should be carefully regarded. To adopt a different course would be to repeat the partial legislation which has already been the cause of so much mischief. Care must be taken that no section of medical men be preferred at the expense of another—that mere names be not mistaken for important qualities—or that, in censuring authority, the supposition be not entertained that there is more of public virtue in a Licentiate than in a Fellow of the College of Physicians.

Hitherto, then, the practice of medicine in England has been constantly shifting into the hands of different kinds of practitioners. The mass of English physicians has been indiscriminately composed of doctors of medicine, of surgeons, and apothecaries, and the monopoly of general practice which this last body obtained in 1815 is rapidly bringing into importance the "chemists and druggists" who now follow the example set by the apothecaries themselves, and act the physician by prescribing across the counter, and by affording occasional attendance.

This singular state of things has been brought about by the operation of two opposing powers,—the effect, on one side, of the mismanagement of the Medical Corporations, together with a long series of defective legislation on the part of Parliament; and, on the other, the result of public patronage. The public have always required a vast number of medical men in the shape of general practitioners, and failing to obtain an adequate supply of such through the Corporations or Colleges of the faculty, they have been obliged to employ the mere retailers of drugs to act in that capacity. In this way the apothecaries have been elevated to the rank of physicians and surgeons; and should the present artificial system of medical ranks continue much longer, the retail chemists and druggists will undergo a similar transformation.

Under these circumstances, Parliament will be called upon to review its past enactments, and to consider the state of the profession at large. It can scarcely be conceived possible that the Législature should again be led astray by Corporations which represent not more than a few hundred individuals in England, Wales, and Ireland, that practise as "pure surgeons" and "pure physicians;" while the wants of the public in both kingdoms are supplied by the body of General Practitioners, amounting in number to probably thirty or forty thousand, but whose connexion with the Corporations ceased the moment they paid the fees for their diploma or licence to practise. The number of medical men in general practice points out more cogently than could a volume of argumentation the course which Parliament ought to pursue in its deliberations. Is it not evident from this fact, and its being impossible for any person to practise judiciously in one



department of the medical art without a knowledge of all the rest, that the chief aim of the Legislature should be directed to the proper education of the General Practitioner in medicine; that general practice should form, as it were, the *trunk* of the professional tree, and that the branches—namely, physic, surgery, &c.—should stand out more or less prominently from this trunk, according as their individual extension was favoured by the general demand.

Medical men were made for the advantage of the public, and not the public for medical men. By, therefore, attending to the wants of the community, and the tendencies of its patronage, Parliament will at once see its way through the maze of difficulties in which the neglect of this self-evident proposition has hitherto involved the subject of medical legislation. As the duties of a general practitioner require that he should possess the elementary knowledge of both the physician and surgeon, and as the physician cannot conscientiously practise without the elementary knowledge of the surgeon, or the surgeon without the elementary knowledge of the physician, does not the conclusion irresistibly follow, that a similar course of elementary education should be exacted from every practitioner in medicine, by whatever title he may choose to make himself known?

The present time is eminently favourable to the introduction of a general standard of professional education; for it is one of the existing anomalies that the practical examinations which a Doctor of Medicine undergoes, who is placed by courtesy in the first grade of the profession, are much *inferior* in strictness and extent to those of the general practitioner. Had it been otherwise, the sudden raising of the qualifications of the latter, by increasing the expense of education, might endanger a sufficient supply of that class which is most essential to the welfare of society. Not only is it favourable to the objects of change that the general practitioner's examinations are now the most strict; but, as will be shown hereafter, a still higher degree of medical qualification may be imposed upon this class without augmenting the cost of education, and, consequently, without endangering the supply. This may be done by laying down a more judicious course of study for the general practitioner—that is, by omitting some parts of the present

course which are useless and expensive, and amplifying others which are beneficial.

The propriety of having one course of elementary professional study for all medical men, and of enforcing that course of study by act of parliament, being once admitted, there will remain very little to demand from the Legislature. Medical men should then be allowed, as the natural consequence of their education, to practise in any or in all of the departments of the medical art as best suited their abilities and inclinations, and in whatever part of the British dominions they thought fit. In practice there should be no restraint or compulsion, for qualified persons, beyond public opinion and public patronage.

Were the members of the profession left thus unshackled, it may be inquired, would there arise spontaneously any distinction of rank? Or should the Legislature interfere in this delicate point to create such distinction? Here also the public will be the best guide.

As has been observed, the public recognises only two broad distinctions amongst medical men—a senior rank and a junior rank. These distinctions *do not imply* the existence of grades or the *permanent inferiority* of one rank to the other. The difference is the result of age and experience, and amongst the members of the senior rank consulting physicians and consulting surgeons will be found. If the Legislature were to interfere so far with this arrangement, under a new system, as to institute *a second series of professional examinations*, which alone should entitle to admission into the senior rank, such interference would resemble the attempt which was made by the Close Corporations to establish *artificial* ranks, and could lead to nothing but confusion and disappointment. Medical men, were they free to practise as they thought proper, would never, as a body, willingly submit to a second series of examinations—to be examined by persons who were nothing more than medical men like themselves, for a mere honorary title. It is to the public that practitioners would look for promotion, and acknowledged reputation and extensive practice would be continually placing some of those who refused to undergo the senior examinations in a far higher position than could be conferred by any examination, and perhaps even much beyond the hopes or pretensions of the very persons who



had been appointed to test their abilities. In order to avoid producing this contradictory state of affairs, no Examining Test should be introduced that could permanently exclude any individual from the senior rank.

Were the Legislature to draw a line between the senior and junior ranks, by determining that the senior should wholly consist of consulting physicians and consulting surgeons, this sort of distinctive mark would be as ill-advised, and would turn out to be still more injurious than an examining test. Under the operation of a *Consulting* Test, how would the qualification be ascertained? A young practitioner, who had never treated a dozen of cases in his life, might call himself (as many young men do at present) “consulting physician,” or “consulting surgeon.” Moreover, all medical men that are really engaged in consulting practice, using the phrase in its comprehensive meaning, do not *deserve* this rank; while others again, possessed of great ability and knowledge, have never attained it, owing to the demand for consulting practitioners being very limited, or to some other circumstances apart from professional merit. In short, a Consulting Test would be founded on a *particular mode of practice*, which is a distinction of the very worst character. It was a favourite principle with the Close Corporations, and when speaking of them its bad effects were fully explained.

Looking at the difficulties that stand in the way of legislative interference in the defining of medical rank, it might be thought the most advisable course for the Legislature to abstain altogether from the attempt. Delicate, however, as is this subject,—and there is not any connected with the profession that requires to be approached with so much caution and tenderness—I think that, to a certain extent, the Legislature ought to interfere in defining its relations—not certainly by arbitrary rules—but, as has been suggested, by observing the wishes and interests of the public, and endeavouring, by mild regulations, to forward those wishes and interests.

In the opinion of the writer, the Legislature should go with the public and recognise a *Senior* and *Junior* rank in the profession, and none other; at the same time throwing open the College of Physicians for the reception of the Senior rank, and the College of Surgeons for the reception of the Junior. The

members of the two colleges would, in that case, constitute the profession at large—for, as the mere apothecaries are a forced growth, they should be allowed to die out with the existing generation.

But as these colleges are at present *quite distinct* and have *no connexion with each other*, a complete change in this respect would be necessary to place their members in the relation of Senior and Junior divisions of the same body. Some mode must be suggested by which the members of the Junior would fittingly be converted into members of the Senior rank. This conversion would not involve any difficulty, provided that all medical students were, in future, obliged to pass through a common course of professional elementary education. Indeed, it might arise almost as a direct sequence. With this intention *all* students who had passed their final examinations should, *at first*, receive the title of *surgeon* and be enrolled as members of the College of Surgeons, or, in other words, as members of the Junior rank of practitioners; and, after remaining a certain number of years in this class, they should be eligible for admission into the College of Physicians, or Senior rank.

One of the greatest evils of the present system in the way of grades is, that a very young man who is a student of medicine, *to-day*, at any of the universities, may, on the *morrow*, without possessing the least practical experience of the medical art, be changed into a “learned physician,” or Doctor of Medicine by obtaining merely the academic title of M. D. This title, or the piece of parchment on which it is inscribed, at once places a novice in a grade of the profession beyond which he cannot ascend, and elevates him in pretension to a level with the oldest, most experienced, and most honoured of the faculty. May it not be asked, in the name of common sense, if this young person be a fit and qualified companion for those who are supposed to have attained to the highest point of experience and skill?—Besides lowering the respectability that should attach to the station of an experienced physician, this sudden translation of medical students into the first grade is very injurious to the interests of the public. As young physicians cannot find employment therein, the community is deprived of services that might have been exercised in a sphere less unsuited to their abilities—namely,



a junior grade of practice ; besides, after these young physicians shall have sacrificed twenty or thirty years of their lives in idleness, and in attempting to maintain the dignity of their false position, the public is then liable, by their appearance of age, to be deceived into the belief that they have medical experience also,—the opportunity for acquiring which by practice has never been afforded them\*.

The divisions in the profession which have been suggested would, if carried into effect, afford a remedy for this as well as the other evils relating to grades. It was stated that *all* medical students who had passed their final examinations were to be enrolled as members of the junior rank, or College of Surgeons. Amongst these would be included young M.D.'s, or medical graduates of the universities. The M.D.'s, however, should be entitled to some peculiar advantages on account of their being graduates. The difference between a graduate of the English or Irish universities, and a student who is not a graduate, lies in this—the graduate possesses in his Degree a certificate that he has passed through a good general education, consisting of classics, mathematics, &c. ; whereas the student who is not a graduate, although he may be equally well-informed, cannot exhibit a *certificate* of general education of such esteemed value. Now, as it is highly proper to encourage students to go through the best, or, at least, what is considered to be the best, course of general education, the writer proposes that graduates should be eligible for promotion from the Junior to the Senior rank at the expiration of half the time required of other members.

The interests of both the public and the profession would be advanced if all young medical men, including graduates, were to remain during several years in the Junior rank, as, in this, the public would have their services in the capacity suited to their age and experience ; and when the time for promotion arrived, the addition of such persons to the Senior College would be no discredit to that body.

Although it is intended, under the projected system, that

\* In an Essay called 'Medical Economy,' published as far back as 1814, this and other evils of the existing system are pretty fully exposed. The name of the writer is not attached to this Essay, but it affords internal evidence of his sound sense and ability.

all members of the Junior Rank should, in a certain number of years, become *eligible* for admission into the Senior; yet it is far from the wish of the writer that *every member* should avail himself of this eligibility. Some obstruction must be thrown in the way, to render the Senior Rank somewhat *select*, but not exclusive; some check, the existence of which might perhaps lead many members of humble capacities, or those who had no public object to gratify by change, to willingly prefer spending their lives among the Juniors. The only check not open to insuperable objections would be a money-check, and that might be brought to operate in the shape of fees for admission into the Senior College. All fees paid to this or any other account, to go, of course, to some legitimate object, such as the maintenance of both colleges, improvement of their libraries, museum, &c.

The period during which young medical men should remain, as a general rule, in the Junior rank should probably be *at least ten years*; and if, at the end of this period, they claimed admission into the Senior, the fees for this admission should perhaps *not be less than one hundred pounds*. This sum may appear at first sight too high, but other regulations with regard to its exaction, to be detailed hereafter, will, I expect, show that it cannot be diminished with advantage. Ten years being the general period of qualification, the graduates of the universities would be considered qualified in half that time, or *five years*, and, as a further set-off for the expense and time spent in obtaining their Degrees, or general certificates of education, as well as for the education itself—the fees of admission might be reduced, in respect to them, to *fifty pounds*.

These checks are not intended for *all* the Junior members without exception; were it so, more than half their assumed value would be destroyed. *Professional merit* has its peculiar claims to consideration, and they are obviously much stronger than any that can originate in academic degrees or routine testimonials, whatever title they may confer. While, therefore, all other members would be obliged to remain during five or ten years in the Junior rank, and while, in addition to that, they would be obliged to pay a considerable sum



of money to gain admission into the Senior—the man who had proved himself to be possessed of sterling professional ability should be declared eligible at all times without further qualification as to time, and without any qualification as to money.

The mode of admitting men of superior ability without subordinate qualification and without expense, to the Senior rank, or College of Physicians, should be provided for in the new constitution of that body. For that purpose, its members at large should have power to elect into the Senior College any member of the Junior, on the ground of his superior ability and acquirements. The election to take place within the Senior College, after due notice, and to be decided by a majority of the members present.

Under the new system there would be little if any danger of the elective power being ever unfairly used, or diverted from its proper objects, to the introduction or support of exclusive notions. The large number of independent electors would guard against favouritism; and, as men of ability could obtain admission at all events by the *time* qualification, there would be no temptation for party-spirit to deprive such of the honours of election.

As the elective mode of admission is suggested for the express purpose of forming a public recognition and reward of merit, no individual, of requisite ability, should resort to the *time* qualification unless after every reasonable expectation of admission by *election* had failed. A strong mind, conscious of its own resources and deserts, should prefer labouring some additional years in the Junior body, even *after* the time qualification was attained, to satisfy the scruples, just or otherwise, of his seniors—rather than not enter the Senior College by its most honourable approaches.

But merit need not be confined to this high and independent alternative alone. Any system of reform, to be efficient, must place the Profession on a uniform basis throughout the three kingdoms, and this uniformity, were the writer's plan to be carried into effect, would supply the means of rewarding men of ability, despite the local prejudice which might, as a bare possibility, exist against them. On this plan, a Senior and Junior College of the Faculty would be constituted in Dublin

and in Edinburgh, as well as in London. Not such Colleges as now exist—the representatives of narrow, jealous and selfish interests—but public bodies, engaged in open, generous and exalted emulation with each other, for the benefit of the profession and the community. The members of these Colleges should be free to practise in every part of the empire. For instance, should a member of either of the London Colleges remove to Ireland, the presentation of his English credentials at the Senior or Junior College in Dublin should entitle him to be enrolled as a member there, according to his rank—acquiring in the new locality, by this simple form, *similar* rights and privileges as those members who had never left it. Regulations of the same kind should be established in all cases with respect to members who changed their residence from the jurisdiction of one College to that of another. Moreover, the *Senior* College in any one place should be competent to elect into its body the members of the Junior in any other place, without change of residence on their part. In this last regulation would lie the remedy for local prejudices. A man of *known ability*, who had been unfairly passed over in the elections of the Senior College of his own locality, could scarcely fail of getting himself elected into the Senior of another locality, and when so elected, he could, by presentation of his foreign credentials, oblige his own College to receive him.

The prominent features are now explained of a plan of reform which, in the writer's opinion, is calculated to remove the defects or abuses of the present system. His aim has not been to do away with those ancient institutions, which, although they have been sadly mismanaged, were, in the first instance, wisely intended, and contained in their constitution some excellent principles that cannot be surpassed. The College of Physicians was designed by the Charter and Acts of Henry VIII. to comprehend within itself eminent Practitioners in every department of Medicine. By this Charter also, the existence of only one species of Examining Board was contemplated. In progress of time, when the number of medical men had greatly increased, the College of Surgeons was created. To the formation of a second College, provided a single Examining Board was to be continued, which might



have been formed of Deputies from both Colleges, there could have been no rational objection; on the contrary, it might have been made to represent a junior section of the Faculty engaged in meritorious competition with the senior; but unhappily, in the form which was given to the College of Surgeons, the principle of the original design was lost, while the bare outline was servilely copied. A *second* College, and a *second* Examining Board, were created, in no manner related to, or connected with, the first—but with interests distinct and adverse, and all subsequent legislation has made the breach still wider between the different bodies of medical men.

The writer has advocated the restoration of the ancient principle of medical legislation,—to unite the two colleges and to lop off their excrescences. With these changes perfected, and the formation of one examining board, by an equal number of deputies from each College, harmony will take the place of strife, and its original simplicity of constitution will be given to the Profession, with improvements suitable to the circumstances of the present times. As no plan of renovation can succeed that is guided by exclusive views, the writer has recommended the adoption of certain qualifications, which cannot exclude any medical man from the Senior Rank who has a proper claim to be there; and, at the same time, checks are suggested that may prevent those whose claims are of a doubtful nature, from entering it without feeling that they are aggrieved, or looking upon their position in any other light than as a matter of their own choice. Were the money-check not something considerable, the vanity which is in every breast, to a greater or less extent, would defeat its object, and all members of the Junior Rank would join the Senior, when possessed of the time qualification. Few medical men will be found ready to sacrifice fifty or one hundred pounds to vanity alone, without the hope of a less unsubstantial gratification, and even if some should do so, the reformed College of Physicians will probably not differ much from other public bodies, including the most fastidious, in admitting within its walls a few members who might find it difficult to prove that they had intellectually an undoubted right to be there. It is of more importance to know that the gates of the College can never be closed against those who have earned any



considerable degree of reputation. There are two kinds of reputation, and both are provided for. One, the reputation that a medical man obtains with the public, which is shown by his extensive practice; the other is the reputation he acquires with the Profession by the evidence of scientific ability, as will appear in lectures and publications. In cases where both kinds of celebrity are not conjoined in the same individual, the possessor of the former may enter the College by the *time* qualification, as the fees consequent thereupon will be of no moment to a man in large practice; while the individual who is noted for ability by his professional brethren, should be admitted by *election*, to mark their high sense of his deserts. The introduction of this sort of relation or unobjectionable dependence between young men of talent and their seniors would counteract in a great measure those mingled feelings of envy, contempt, and hatred, which occasionally arise to mar the respectability of the Medical Profession.

After this explanatory outline of his plan of Reform, the writer may be permitted to give a general summary of what its leading provisions would be\*.

It is proposed that mere apothecaries, and all other medical men not belonging to any of the regular Colleges of the Faculty, who now are legally entitled to practise, shall have that privilege secured to them during their natural lives, to the same extent as they are at present entitled to exercise it.

After the passing of the bill for the reform of the profession, no person, with the exception of those exonerated by the preceding clause, shall be allowed to practise in any department of the medical art, unless he be a member of one of the Royal Colleges of Physic or of Surgery in London, Edinburgh, or Dublin. These Colleges shall be required to furnish the civil authorities within their respective jurisdictions with lists of their members, printed annually, and it

\* As the door of promotion should be closed against no recognised order of medical men, a provision should be introduced, in case these changes were to be carried into effect, that persons who were *mere Apothecaries* at the period of such an alteration being made in the law, should be admitted to examination for a Diploma in Surgery on the ground of their merits alone and without reference to any regular course of education, as it would scarcely be reasonable to render it necessary for such persons, who might be advanced in years, to pass through the schools when they were moved by a proper ambition to endeavour to take a respectable stand in the Profession.



shall be the duty of the civil authorities—and not of the medical Colleges—to prosecute all persons who may attempt illegally to practise.

The constitution of these Colleges shall be altered after the following manner:—

All persons authorized to practise by the Colleges, whether known by the corporative title of “Fellows,” “Licentiates,” “or “Members,” shall be put in possession of equal rights and privileges; and, in future, they shall, in their corporate capacity, only be known by the name of Members of their respective Colleges; or by that and their official designation, as applied to any portion of them that may happen to be office-bearers in those Colleges.

The Colleges of the Faculty shall be governed by a President, Vice-President, and Council, to be elected annually, by a majority of all such members of the body at large as may choose to attend and vote at their election.

The Colleges of Surgery in the United Kingdom, and the Colleges of Physic in the United Kingdom, shall be declared Junior and Senior divisions of the same body.

All Surgeons who now belong to, or who may hereafter belong to, any of these Colleges of *Surgery*, and who are members of *ten* years standing, may become members of any of the Colleges of Physic, on payment of the sum of £100; and all Surgeons of *five* years standing, who are also graduates of any of the British Universities, may become members of any of the Colleges of Physic, on payment of £50. Moreover, the members of any of the Colleges of *Physic* shall be competent to elect into their College, any member of a College of Surgery on the ground of his respectability of character and professional merit, without qualification as to time, and free of all expense to the individual.

The members of these Colleges, or of any of them, shall be entitled to practise in any or in all the departments of the medical art; and they shall be entitled to practise in every part of the British dominions, with equal rights and privileges; provided only that when removing from the jurisdiction of one College to that of another, they shall get themselves enrolled as members of the College in the new locality, for which purpose the presentation of their credentials, obtained from their former College, shall be a sufficient warrant and authority.

While the act of enrolment gives every privilege as to *practice*, it shall also give every *corporate* privilege of the College in which the enrolment has taken place, and such foreign member shall be entitled to vote at all elections, &c. within that College.



The members of the different Colleges shall be declared *equally eligible* to be elected as office-bearers of these Colleges, or to be members of the general medical boards, *without respect to the particular College to which any such members may belong*, provided that, should a Junior College in one locality elect, as one of its office-bearers, a member of a Junior or of a Senior College in another locality, this foreign member must be enrolled as a member of the College in which he is to take office, before he can enter upon its duties; and, provided also that a Senior College in one locality should elect, as one of its office-bearers, a member of a Junior College in the same or in another locality, this Junior member, before he can enter upon the duties of his office, must be enrolled as a member of the Senior College, either as an effect of election into the senior body or of the time qualification, &c.

When once admitted to practise, the Colleges of Faculty shall have no power in any case to prevent a member from continuing *to practise*, but the Colleges respectively shall be competent to deprive any of their members of corporate rights, and render him ineligible to *all* corporate offices or to be elected or appointed as an examiner on the general medical boards, should any such member have behaved in a manner flagrantly disgraceful to his professional and public character; provided that the decision of expulsion from the corporation shall have been sanctioned by at least one half of the members of the offended College who reside within the parliamentary boundaries of the capital in which the College is situated; and provided, further, that the decision be approved by his Majesty's Secretary of State for the Home Department.

In the annual lists of their members to be published by the Colleges, the names of the expelled members shall be inserted after all the others, and those names shall be placed under the head of "Members Disfranchised." The Colleges shall be prohibited from using in their lists any stronger phrase than *disfranchised*, lest it should have the appearance or effect of persecution.

The Colleges to be empowered to make only such bye-laws as may be required for the arrangement of their *internal* affairs—as their museums, libraries, &c.; subject, however, to the approval of the Secretary of State.

If the writer have not obscured his ideas by an attempt at something like legal phraseology, he will not have much to add to the preceding outline. Some doubts may be entertained of the Colleges of Physic, whose members would, at first, wholly consist of graduate Physicians, proceeding to elect Sur-



geons into their body in the way that the plan of reform contemplates. Although there does not appear to be much ground, if any, for this apprehension, and as it would be unfair to suppose that the actions of men under a good system of government would at all resemble their actions under a bad system, still it might be well to guard against every contingency that might impede the working of the improved machinery. By way of precaution, the Secretary of State might be empowered to nominate any number of Surgeons that should appear to him to be necessary, to be members of the Colleges of Physic, on the ground of their professional merit, and free of other qualification or expense. The exercise of this power should of course be withheld to the last extremity, when every hope of the Senior Colleges properly adjusting themselves must be abandoned.

In regard to the subject of rank, there is yet another point that demands consideration:—Should Surgeons, when admitted as members of the Colleges of Physic, receive any additional title? In France there is an order of medical men, called rather singularly “Doctors in *Surgery*.” Few things of French origin bear transplantation to English soil, and this fantastic Gallicism is probably not of the number. If any additional title is to be conferred on Surgeons of long standing in the profession, it should be chiefly for the knowledge which they possess, or may fairly be supposed to possess, of Physic, or the *art of prescribing*. To attain to excellence in this part of the science is the highest effort of the medical mind.

At present, titles are so injudiciously distributed that they divide the profession into sections resembling the exclusive castes of India. It may be said that all titles are now made to depend on the *preliminary course* of study which a medical man goes through *before* he enters upon the duties of his profession; in fact, the *ability* or the *peculiar fitness* of the individual *has nothing to do* with determining whether he shall bear during his life the title of “Doctor of Medicine,” or of “Surgeon;” even the *opinion of the individual himself* is scarcely taken on the subject, as, in the period of youth, his parents or accident will decide for him. This state of affairs calls imperatively for revision. No plan of Medical Reform can be considered complete, or even reasonable, that



does not enable persons of long experience to take degrees in medicine, without sending them back in their old days to the Universities, to undergo a course of study only fitted for youths. In plain words, this can be considered little else but enforcing an *apprenticeship* to the Universities, and as much so as the Apothecaries' compulsory apprenticeship, although not of the same humiliating character. When it is a matter of choice with parents, a preliminary course of education at one of the Universities should always be preferred, both on account of the presumed erudition and dignified standing of these institutions; and it is quite right and proper that the Profession should hold out some reward to those who enter its ranks through the Universities; but to leave a monopoly of titles in their hands, attended with so many vexatious and arbitrary provisions, is to derange the natural course of events, and to commit great injustice in regard to a large majority of medical men. Looking at its practical effects, can anything be more unjust or impolitic than that scores of young M.D.'s, or medical students, who have never had a *single* patient, should arrive daily from the Universities with the highest professional title in their pockets, while a surgeon who has been ten or twenty years engaged in the practice of medicine, and who may consequently be one of the ablest of Physicians, is obliged to remain during his life in an inferior grade, unless he abandon his practice and betake himself again to the studies of youth at one of the Universities? Is not this equivalent to saying that the qualifications of the *head* are deserving of no titular distinction? In choosing his professional attendant, *no patient* would hesitate for a moment in making an election between these two sorts of practitioners—the experienced surgeon-physician, and the juvenile M.D.—and if the former be, as he undoubtedly is, immeasurably superior to the latter in every branch of practical knowledge, and more particularly *in the art of prescribing*, why is the title that should indicate the possession of that knowledge withheld?

From the foregoing considerations, as well as others not less strong, the writer is of opinion that all surgeons admitted as members of the Colleges of Physic should be entitled by this admission to receive degrees in medicine; and it is also his opinion that the President and Council of the Senior Colleges



should be empowered to confer those degrees ; or that it should be so ordered by Parliament that the metropolitan Universities would grant degrees to such persons on the recommendation of the President and Council, and without further formality. In case the power of conferring degrees were given to the Senior Colleges of the Faculty, its exercise should be limited to their own members, in order that it might not interfere with the proper privileges of the Universities.

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*Remarks on Medical Education—the Constitution of Practical Examining Boards—and the proposed Establishment of one or more Universities in London.*

Were laws about to be made, for the first time, to govern the profession, the following remarks would have been more properly introduced at an early period ; but, as matters stand, they are necessarily submitted after the discussion of existing regulations, for some of the defects of which they are intended to suggest a remedy.

Few persons will question the propriety of Parliament making it imperative upon every individual, who proposes to become a medical practitioner, to pass through a regular course of professional study previous to commencing practice, in the expectation that he may be enabled thereby to perform his duties with safety and advantage to the public ; and it will be as universally acknowledged that some board of examination should exist, at which the student who has completed a curriculum of study should appear for examination and approval, before he can obtain a licence to practise. The necessity for these precautions originates in the abstruse or unpopular nature of the medical art itself, and its extensive influence on the well-being and happiness of the community. If people in general could form as good an opinion of the intrinsic value of medical advice as they can of the value of an ordinary commodity, the interference of the Legislature between a patient and his medical attendant would be *almost* unnecessary. But even under the mitigated view contained in this hypothetical case, the interests of the public would probably still require *some degree* of protection, for it is obvious that any loss that might arise from an occasional deception as to the quality of a common commodity

would be of small account when compared to *the loss of life*, which in many cases would certainly follow a false step in the treatment of disease.

Although students of medicine, who are to practise under the sanction of the laws of the country, should obviously be obliged to go through some regular course of professional study prescribed by those laws, yet it is quite possible that this interference of authority in the matter of medical education may be carried too far, or may be ill-directed, so as to produce evils scarcely less in magnitude than would the absence of all law on the subject. In the sketch of the medical corporations, instances of such improper interference are of frequent occurrence.

The aim of Parliament should be to leave reciprocally with both parties—the patient and practitioner—the widest freedom of choice that is consistent with the public safety. This was clearly the leading object of the enactment of Henry VIII. in declaring that all *fit* persons were to be admitted to practise; and had not the wise provisions of that enactment been nullified by the delegated power which was entrusted to the corporation of physic, very little would have remained in the way of medical legislation for modern times to improve.

Hitherto, as has been shown, the corporation of physic and the other medical corporations have been empowered to lay down the course of professional education which students are required by law to go through before they appear at their boards for examination. This sort of superintendence of medical education is a duty of the most important character, as it affects the interests of the whole profession and its relations with the public. In the hands of the corporations it has been greatly mismanaged or abused. Even in the present day, there is no approach to uniformity of practice amongst them. Not any two of these corporations agree as to the proper course of professional study. Each has its separate code of regulations, in the formation of which some corporate or exclusive view has frequently been the guiding principle. On account of the facility with which such discretionary power may be misapplied or abused, one object of medical reform should be to *circumscribe this power*, to whatever body entrusted, as much as may be possible.



Were Parliament itself enabled to define the *principles* on which a general course of medical education ought to be conducted, it would prove highly advantageous to the profession and the public. But many persons might consider such an attempt on the part of Parliament as somewhat impracticable. In their opinion, the objects of medical education, and the means by which they are attained, are of so peculiar or mysterious a nature that the unprofessional can never properly appreciate them. This opinion does not appear to have any solid foundation. On the contrary, these objects and the means of their attainment are as easily explained, and consequently may be as easily understood by the unprofessional, as almost any other unaccustomed subject.

With the intention of educing its principles, the general course of medical education may be divided into two departments—the *Illustrative* and the *Practical*. The *Illustrative* will comprehend attendance on all such lectures as those of Anatomy, Chemistry, &c., in which the lecturer is expected to give a concise and clear view of his particular subject, and to illustrate it, as in chemistry, by experiments—or, as in anatomy, by showing the different parts of the human body to the students at the same time that they are described. The *Practical* department will comprehend attendance on Hospital Practice and Clinical Lectures—a knowledge of the human body obtained from actual Dissection, and a knowledge of Pharmacy, &c.

If this division be applied to the general course of medical education now required of students, the subjoined table will exhibit the parts of which it is composed:—

| ILLUSTRATIVE.                       | PRACTICAL.                     |
|-------------------------------------|--------------------------------|
| Lectures on Anatomy and Physiology. | Hospital Attendance, Medical.  |
| ———— Demonstrative Anatomy.         | Hospital Attendance, Surgical. |
| ———— Surgery.                       | Clinical Lectures.             |
| ———— Midwifery.                     | Actual Dissection.             |
| ———— Practice of Physic.            | Pharmacy.                      |
| ———— Materia Medica.                |                                |
| ———— Chemistry.                     |                                |
| ———— Botany.                        |                                |
| ———— Forensic Medicine.             |                                |

Extending, as does this general course of Medical education, to various branches of knowledge, and the above are probably

not the whole that it should embrace, its regulation will require great care, in order that the student's expenditure of time and money be not injudiciously or improvidently directed; or that the interests of the public be not eventually compromised by an undue preference being given to any one section of the circle of knowledge which is necessary to form the able practitioner in medicine.

In the writer's opinion, the principles that should regulate the compulsory part of medical education may be fairly deduced from the nature and objects of the *two* departments into which he has divided the subject.

The *Illustrative* department places before the student, in each individual course of lectures, a complete, though somewhat general view of that branch of knowledge of which it treats, leaving him to supply every omission as to details from those elementary books that are in his possession. It is evident, from the very nature of an illustrative course of lectures, that the information to be obtained in this way has a *limit* that is soon reached. For instance, lectures on anatomy, of an hour each, are given daily during about six months, which form a *complete* course of anatomy, and a student who has attended this course, will hear nearly the same thing repeated should he continue his attendance on every course to be delivered in a dozen of successive years. In a very few of the more important branches, it may perhaps be advisable for a student to attend a *second* course of the *same* lectures, and the more particularly if he have not paid sufficient attention to the first to qualify him to fully understand the descriptions afforded in elementary works; but to oblige a student to attend *in every branch* a *second* course of the *same* lectures—for which, be it recollected, he would have to expend a considerable sum—would be to oblige him to *squander* both his money and his time. Now, if the nature and objects of the Illustrative department be such as are here explained, would it not be better to *limit* the *compulsory* attendance of the student to *one* course on *every* Illustrative branch, leaving it *optional* with himself to continue their study, rather than to maintain the present regulations by which an attendance on *two* or more courses of the *same* lectures is *enforced*, whether the student really require or not a continuance of this mode of tuition? The adoption of this



apparently slight change in the present compulsory part of medical education would give a rational simplicity to the whole system, and might lead to, and facilitate the introduction of, numerous improvements that are urgently required. In the first place, the undue preponderance of any one element of study being guarded against, the branches of knowledge contained in the Illustrative department might be increased in number and variety without enlarging the expense attendant on the whole. In this way lectures on *morbid* anatomy,—a most important branch of study, at present unaccountably neglected,—might, with one or two other branches, be safely included in the Illustrative department. Secondly, the due regulation of the Illustrative department would enable the student to devote a larger and more appropriate share of his resources to the acquirement of *practical* knowledge. The Practical department has not received a degree of attention at all commensurate to its value, and although it is therein that the proper character of the physician or surgeon must be formed. Hitherto the whole of the Practical department, with the exception of pharmacy, has been placed by the authorities that have the control of medical education in a position *subordinate* to the Illustrative department, instead of the *Practical* occupying the *first* place, as it ought to do.

From the division of the general course of medical education into *two* departments, it is not to be understood that a student finishes his studies in one before he enters the other. These departments do not admit of any division of that kind. They mutually throw light upon and assist each other—although, as a general rule, one course of those Illustrative lectures, which are most intimately connected with the *rudiments* of Practical knowledge, should precede the study of the latter. Finally, when the student is sufficiently advanced to comprehend the varied information contained in the medical libraries, without the assistance of Illustrative lectures, his further progress in the science must be left to his use of the libraries, and to his labours in the Practical department.

In speaking of the regulation of the Illustrative department, it was suggested that *compulsory* attendance should be limited to *one* course of such lectures, in order to preserve the *student* from an useless expenditure of time and money; but in regard

to the *Practical* department, it is the immediate interests of the *public* which require protection. These interests demand that no student of medicine should be permitted to commence the practice of his profession before he has spent a considerable time in the acquisition of practical knowledge. It is not, of course, possible to fix an invariable standard to indicate the maximum of the time suitable to this object under every circumstance; no difficulty, however, would be experienced in the formation of a judicious *minimum*, and it would appear to be most desirable that Parliament should *declare* the minimum of time that is to be spent in the study of those branches that belong to the *Practical* department. Were hospital attendance on *Midwifery* added, as it ought to be, to the table of practical studies, the period of attendance on Medical, Surgical, and Midwifery practice in hospital might, perhaps, be prudently extended to two and a half years. Attendance on Clinical lectures might be placed at twelve months, Dissection at twelve months, and Pharmacy at six.

The period at present prescribed by the Corporations for the completion of the general course of medical education is FIVE YEARS. This period is probably the best that could be adopted *as to time*, and there is no reason that Parliament should interfere with it further than to make it general throughout the three kingdoms; but the manner in which the different branches of knowledge are or may be studied, in this period, by the student, is the worst that could be devised. According to the regulations of the Corporation of Pharmacy, a student is compelled to pass *the greater part* of the five years in the labours of Pharmacy, which is a very unimportant, indeed a comparatively simple branch of knowledge, when estimated by the time or ability requisite to its complete attainment, and in relation to those numerous and abstruse branches of illustrative and practical study that are left to be hurried or skimmed over in the remainder of the period allotted to medical education. The Corporation of Surgery, on the other hand, leaves it nearly at the choice of the student to go through the whole course in any way he pleases; and provided the *greater part* of the five years be *nominally* filled up with the study of Pharmacy, or any comparatively unimportant section, the whole course, with this exception, may be crushed into the small and



totally inadequate period of *eighteen months*. The Corporation of Physic in its *recent* regulations has endeavoured to avoid these gross defects. But in a matter of such great importance, affecting as it does the very basis of medical education, some clear principle is required to guide and rule the conduct of the student. *Three courses* of Illustrative lectures on different branches of science are probably quite as much as a Student can attend with advantage during one session; and if this be so, might not Parliament judiciously interfere, and declare that attendance on more than *three courses during one session* shall not be recognised by any Examining Board?

As the *direct* interference of Parliament in the regulation of medical education cannot in any case be extended beyond the establishment of a *few principles*, that may remain invariable, the foregoing suggestions appear to include all that can be brought under that head. According to these suggestions, *four* regulating principles might be established.

1st.—That the period of medical education shall, at least, be extended to FIVE YEARS.

2nd.—That no Student shall be *compelled* to attend more than *one* course of Illustrative lectures on the same branch.

3rd.—That attendance on more than *three* courses of *Illustrative* lectures on different branches, during *one* session, shall not be recognised.

4th.—That the minimum of study in the Practical department shall be two and a half years' attendance on the Medical, Surgical, and Midwifery practice of an hospital; twelve months on Clinical lectures; twelve at Dissection; and six at Pharmacy.

The numerous minor regulations that appertain to the government of medical education must be left in a great measure to the control of whatever body or Examining Board Parliament may constitute to supply the places of the Medical Corporations, in so far as they have hitherto had that duty to perform.

There is some further room for the direct interference of Parliament in a department of education, that has not as yet been touched upon, namely,—the Preliminary education, or that which consists of classical and other branches of general learning. What sort of Preliminary education should an in-

dividual who is destined for the medical profession go through before he commences his studies? On this subject, as on most others, very contradictory opinions are held. Some allege that students should be proficient in the Greek and Latin languages, also in German and French, and have considerable skill in Mathematics, Logic, &c. before they are permitted to begin their professional studies. If such a preliminary education as this be added to the professional, the sum total will furnish a very formidable array of attainments for any young man 21 or 22 years of age to possess. Of course, no Medical student can acquire *too much* knowledge of either kind, provided an undue importance be not given to any particular branch; the question, however, is not as to what is desirable, but as to the amount and quality of that which may be deemed practicable and necessary.

The only substantial reason that could be assigned for Parliament interfering at all with medical education is the incompetence of the public to form a proper estimate of the value of medical advice. Now, if this reasoning be good, when so applied, it will be equally good when applied to the *preliminary* education, and on this principle it may be urged, that Parliament should limit the *compulsory* part of the preliminary education to the quantity of Latin and Greek necessary to enable the Student to understand the lingual peculiarities of his professional curriculum and adapt them to practice. A very moderate acquaintance with these languages will be sufficient for that purpose: as much Greek, for instance, as may be required to explain the derivations of medical terms of Greek origin, and as much Latin as may be required for the reading and writing of prescriptions. Taking this view, the *compulsory* part of the preliminary education might be comprised in the following items:—

An ordinary acquaintance with the grammars of the Greek and Latin languages.

Ability to translate a small quantity of Greek, such as one of the Gospels.

Ability to translate some work of moderate length in the Latin language, such as Sallust.

Some of the Medical Corporations test the Student's acquirements in the Latin language by an examination in



Celsus, one of the *Medical* classics. The propriety of giving this preference to the works of an ancient professional writer, as the subject of examination, may be questioned. The Student's proper object in such preliminary reading is merely to acquire a knowledge of the *language*, but while doing this in Celsus, or any other ancient writer on Medicine, he will, at the same time, be imbibing many erroneous views and opinions relating to Medical Practice, which he may afterwards find it difficult to correct. Ancient works, that treat of so fluctuating an art, are now of little value unless in a historical point of view, and consequently their perusal will be better suited to those persons who have already completed their professional studies.

The writer has advocated the introduction of a very moderate standard of *preliminary* education—not that the very highest degree is unsuited to the character of a medical man, or that its acquirement should be in any way discountenanced—but on the ground that the *compulsory* part of this education ought to be limited to what is really indispensable for *elementary* professional purposes, and on the persuasion that, beyond this, the public are quite competent to form a proper estimate of its value, and to assign to it a due position and reward, without the further interference of Parliament, or of any subordinate authority.

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### *On the Constitution of Practical Examining Boards.*

Boards of this description are composed of medical men engaged in practice; and their duty is to examine those persons who, having completed a general course of professional education, wish to enter upon the labours of their profession. For this reason it is that persons who have received the title of M.D. at the Universities, or Students who have finished the prescribed course of attendance on Lectures, hospitals, &c., present themselves at an Examining Board in London as candidates for a *practical* licence or Diploma. Should the attainments of these candidates meet the approbation of the Board, its licence is granted to entitle the possessor to practise within the jurisdiction of the Board; but

should the Board not be satisfied with the attainments of any candidate, the practical licence is refused, and the rejected candidate is expected to return to the schools and prosecute his studies a little longer before he presents himself again for examination.

That a number of practical men, or those engaged in the active duties of the profession, should be brought together to form an Examining Board, is a regulation conceived in the very best spirit of legislation. Such Boards were intended to be a protection to the public, by keeping persons, who have not acquired a proper share of applicable knowledge, out of practice; and they were, at the same time, to be a check upon the Universities and other schools, which might grant Degrees in Medicine without due regard to their practical object, or lend their sanction to an inefficient system of medical education. Examining Boards are of very ancient origin. They were introduced as a consequence of the earliest legislative steps of any importance that were taken in England to regulate the profession. In the Law and in the Church there are authorities that exercise functions somewhat analogous to those of the Medical Examining Boards, so that these checks and safeguards seem to have an intimate connexion with the general constitution of the country.

No system of practical checks could probably be devised so unobjectionable in every shape, or calculated to afford, *under proper regulation*, so many advantages as the Examining Boards just described. They may serve effectually to protect the interests of the public, and keep the Universities in mind of their substantial duties, without interfering in the slightest degree with the internal affairs of those national institutions, and consequently without trenching upon their independence. The independence of the Universities could not be secured to the same extent by any other arrangement. Were they uniformly empowered to grant *practical* licences, as well as degrees in medicine, it would be necessary, while reforming the present defective system of medical education, to alter the constitution of all the ancient Universities in the empire; for it is now a principle, all but universally admitted, that Professors in the Universities, or Lecturers in the other Schools, or individuals in any way connected with the pecuniary inte-



rests of those public seminaries, should *not* be the Examiners of their Students when they apply for a *practical* licence. A change of this kind would compromise the independence of the Universities in a variety of ways, which it is not necessary to particularize in this place, and would lead to the establishment of some controlling authority to interfere directly and frequently with those details of a general education which had better remain in the hands of their respective professors. Some persons who admire the *unipotent* tendencies of French legislation wish for the introduction of this change, and the abolition of distinct practical Boards, on the plea that it would extend the privileges of the Universities, whereas it would certainly be the means of sacrificing whatever independence they possess, and that too without affording to the public the same amount of protection that might be derived from the judicious administration of distinct Practical Boards.

The working of the existing Boards is no proof of the value of such establishments. At present these Boards are constituent parts of the Medical Corporations, and they are, therefore, liable to all the objections that may be applied to these close and irresponsible bodies. A thorough reform is required to place them upon an efficient basis. For the reform of the Practical Boards, the writer would suggest the adoption of the following principles:—

That the number of the Practical Examining Boards should be reduced as much as may be consistent with the interests of the public.

That the members of these Boards, or the greater part of them, should be elected by the profession for a limited period of time.

That the reformed Boards should be placed under the immediate control of the Secretary of State for the Home Department.

It is expected that the operation of these principles in the constitution of Examining Boards would produce *efficiency* and *uniformity* in their practice, which are at present so much wanted; and that the Reformed Boards would possess the *confidence* of the *profession* at large, which is an essential consideration.

In accordance with the above principles, and the plan of

reform which he has sketched for the Colleges of the Faculty, the writer would suggest the following details :

That the Practical Examining Boards be limited to *one* in each of the metropolitan cities of London, Edinburgh, and Dublin.

That the members of these General Boards be elected for a period of three or five years by the reformed Colleges of the Faculty in these different localities—an equal number of members to be elected by the College of Physicians and College of Surgeons.

That the members so elected be subject to the approval of the Home Secretary, and that the Secretary of State have a further privilege or power to dissolve the Boards, or any of them, that may not act with due regard to the interests of the public, or of those Medical Students that present themselves for examination.

That the Meetings of the General Boards in the different Capitals be held at the Colleges of *Surgery*, as it is intended that *all* Students who succeed in passing the Practical Examinations shall be enrolled, in the first instance, as *Members of the Colleges of Surgery*.

Having made the Examining Boards strictly responsible to the public, through the medium of the Home Secretary, and to the profession, by the elective control which it would exercise over their members, the writer proposes to extend the powers of these Boards in *one* direction. Instead of leaving it with the Corporations, whether reformed or not, to decide upon the amount and quality of the practical education that might from time to time be required of Students he would commit the execution of that very important trust to the General Boards, assisted and sanctioned by the Presidents of the Colleges of Faculty—and, as a further precaution against erroneous regulations, in a matter of such import, he would subject the united decision of these responsible authorities to the approval of the Secretary of State before it should come into operation.

At present the Members of the Practical Boards are *paid* for their services, and if they have any fair claims to remuneration now, those claims would be greatly strengthened under a reformed constitution. With only one Practical Board in each of the three kingdoms, the duties of their members would



be very laborious; and to the public, it would be of the first moment that those duties should be executed with zeal, judgment and discretion. There is an unfortunate tendency abroad which would place the remuneration of scientific men on the lowest possible scale. This is a false economy, and appears scarcely equitable, when such large salaries are annually allotted to various officers in the public departments, whose duties, as regard the interests of the community, are of a very inferior description, compared to those which are assigned to the members of the Medical Boards. A salary of from 300*l.* to 500*l.* a-year each would not be too much for the members of the Reformed Boards. Apart from the justice of the thing, a liberal salary, by making the appointments worth retaining in a pecuniary view, would render the members much more amenable to the salutary control of the Secretary of State.

In speaking of the election of the Presidents and Governing Councils of the Colleges of Faculty, it was proposed that all members might vote, if they thought fit, at such elections, and that all members were to be eligible to be elected as office-bearers. This unrestricted qualification and freedom of choice seemed best suited to a body of educated men, in so far as the filling of honorary offices was concerned. Yet it may be doubted whether the election of members of the Examining Boards, who are *paid* for their services, could be conducted in the same way with equal advantage. In regard to them, it would probably be advisable to narrow the constituency in some degree, leaving the eligibility as expanded as before. With that intention, it might be suggested that the members of the Boards should be elected by such members of the Colleges of Faculty as reside, and have resided, during a period of three years, within the Parliamentary boundaries of the different Capitals.

Were the direct control of the Examining Boards committed to the Secretary of State, it might be well to give to this authority a power to appoint some members during pleasure, in order, amongst other reasons, that the Secretary might have an open channel of intercourse with the Board, without incurring at all times the inconvenience of making a formal communication. In case, therefore, the elective members of each Board were to be *ten* in number, the Secretary might have the

appointment of two, which would make twelve, for the whole Board. The members of the *first* Boards ought perhaps to be appointed solely by the Secretary of State, as a little time must elapse before the Reformed Corporations would assume a state of settled order, and before the perturbed feelings excited by change would subside.

Many minor arrangements would obviously depend on the character of the preceding. As it is one of the leading objects of the projected reform to remove those artificial and injurious distinctions that exist between different classes of medical men; the Secretary of State, and *not* the Corporations, should have the power to assign to each member of the Practical Boards the duties that he is to be called upon to perform, and to decide whether he is to be an Examiner in Physic, Surgery, Midwifery, or Pharmacy, or in any of the branches of science more immediately connected with these departments. The Secretary should also determine, as a general regulation, how often and when the Boards are to meet, and whether their members are to be divided into *sections*, for the Examination of Students in the several Departments of the Profession, or to remain for that purpose, as a *whole*. At present, the Examination of Students is conducted before *all* the Members of the Board before which they appear, and the fitness or unfitness of those Students to receive a licence to practise is decided at *one* examination, both of which regulations are very inconvenient and defective. This solitary examination, which is intended to test the attainments of candidates in so many branches of knowledge, does not extend in general beyond *twenty or thirty minutes* for each candidate, a period totally inadequate to its object; and as it is conducted, on the part of the Board, by *one* or *two* Examiners, the majority remain merely as spectators. To remedy these defects, the Members of a Practical Board might be divided into *three* sections, and a similar division might be made of the various branches of professional knowledge in which a Student is to be examined; each section of the Board to examine in the department allotted to it. In accordance with this regulation, *three* examinations might be instituted, instead of one, and these sectional examinations might be conveniently held on *separate* days. For instance, a Student's Examination, as to its general



objects, might on the first day be devoted to Chemistry, Materia Medica, and Pharmacy; on the second day, to Anatomy, Surgery, and Midwifery; and on the third day, to the Practice of Physic, Morbid Anatomy, and Forensic Medicine. On the *fourth* day, all the Members of the Board might meet, and come collectively to a decision on the merits of the respective candidates, founded on the report of the different sections.

The propriety of holding the Examinations *in public* has been much agitated of late. Of course this can only apply to a *professional* public, as unprofessional people could know nothing of the subjects of a Medical Examination. Many Students are said to be desirous of this change. As far as Students are concerned, it would not be difficult to show that a private examination by a *responsible* Board would probably be more to their advantage. At the same time, the choice of a public or private Examination might safely be left with the Students themselves, provided they made their election in the first instance, and *not after* they had been rejected at a private Examination.

Before closing these remarks on Medical Education and Practical Boards, it should be observed that the substitution of even a strict for a lax system is not free of hazard to the interests of the community. There is some danger of going too far towards a rigid extreme, and of raising the standard of elementary acquirements beyond the reach of that class of society to which medical students in general belong. For the wants of the public in the three kingdoms, in the Colonies, the Army, and Navy, &c., an annual supply of probably more than a *thousand* young medical men is required. Should, then, the examinations of such be at any time so searching as to reduce the supply below the demand, the public, in whatever locality the deficiency is experienced, will again be obliged to resort for advice to quacks or other improper persons. Practical examinations ought always to be conducted with reference to the exigencies of society, and to the legitimate aim of an elementary education. It is vain to expect of young men, who have only completed their curriculum of *elementary* study, all the varied information and professional tact which make the able physician or surgeon. No initiatory course of general

application, however extended, could effect this. A few young men, it is true, enter upon practice with very high qualifications, superior perhaps to those of many old practitioners in medicine; but these Students, in addition to unusual ability and industry, have possessed more enlarged opportunities of acquiring professional knowledge than can be expected to come within the reach of the large majority of students. For the large majority the practical examinations must be shaped, and a well-grounded knowledge of the *established* principles and practice of the medical art is probably all that can in fairness be exacted. It is an erroneous view of the objects of a purely elementary course of medical education that would lead an examining board to exact from Students, as a qualification for a licence to practise, a familiar acquaintance with the French and German languages. Some physicians advise this in order that Students may be competent to ascertain the state of the art in other countries besides their own up to the period of their examination; but that is to confound what is desirable in the *experienced* practitioner with what is essential in a candidate for a licence. New theories or new modes of practice—the greater number of which are soon found to be altogether worthless—should never form the subject of a Student's examination; and, in case an acquaintance with them is desirable for other purposes, although written in a foreign language, the student may at all events obtain it through the medium of a translation long before such new theories or practice can have received a current value with the profession.

Without extending the elementary curriculum beyond those subjects immediately connected with the established principles and practice of medicine, there is ample room for the gradual introduction of a higher standard of qualification than even that which may now be prudently adopted. But to the rule which would confine the compulsory curriculum to subjects strictly professional, one exception might be made in favour of a popular course of lectures on Natural Philosophy. By adding this, at present, to the Illustrative department, the further improvements anticipated by the writer would chiefly remain to be made in the *Practical* department, and in respect to those branches of study already enumerated. After the lapse of some time, the improved state of medical education might



enable candidates to perform a few surgical operations or specimens of anatomical demonstration on the dead body, as a part of their examinations before the practical boards; and the boards might, at a future period, be justified in the exaction of these specimens of practical skill, and even ocular proofs of the attainment of some degree of dexterity in experimental chemistry and other branches of science. With these objects in view, but on the assumption that all further change is to be made with the greatest caution, the compulsory curriculum of elementary study which the writer has recommended may be thus summed up:—

*Compulsory Curriculum of Professional Study.*

Every Student, before being admitted to examination at a Practical Board, shall prove to the satisfaction of the Board that he has been engaged during Five Years, at least, in the acquirement of professional knowledge; and that he has attended the following branches of study during the periods of time prescribed:—

| Illustrative Department.            | Practical Department.                    |
|-------------------------------------|--|
| One complete course of              | Twelve Months' actual Dissection.        |
| Lectures on Anatomy and Physiology. | Twelve Months' Hospital Attendance,      |
| ————— Demonstrative Anatomy.        | Medical.                                 |
| ————— Morbid Anatomy.               | Twelve Months' Hospital Attendance,      |
| ————— Surgery.                      | Surgical.                                |
| ————— Midwifery.                    | Six Months' Hospital Attendance, Mid-    |
| ————— Practice of Physic.           | wifery.                                  |
| ————— Materia Medica.               | Six Months as Dresser in an Hospital.    |
| ————— Chemistry.                    | Six Months' Clinical Lectures, Medical.  |
| ————— Botany.                       | Six Months' Clinical Lectures, Surgical. |
| ————— Forensic Medicine.            | Six Months' Pharmacy.                    |
| ————— Natural Philosophy (po-       |  |
| pular).                             |  |

As it is advisable that a Student should pursue the different branches of study in some determinate order, the Examining Boards should direct that the Lectures on Morbid Anatomy, the Practice of Physic, and Forensic Medicine, together with the Hospital Attendance and Clinical Lectures, be comprised in the *last* two years and a half of the *five* devoted to the curriculum at large.

Attendance on more than *three* courses of Illustrative lectures

during *one* session not to be recognised as any part of the curriculum.

These two general rules as to the manner in which a Student shall conduct his studies, it is expected, will be quite sufficient for all public purposes, and any further interference of the Boards, which might have a harassing or vexatious effect, may be dispensed with.

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### *Examination as to the Preliminary Education.*

In the opinion of the writer, the examination of Students, as to their preliminary or classical education, should not take place before the General Medical Boards. Were such examinations to be conducted before these Boards, it would give rise to much inconvenience in two ways. In the first place, Students resident in remote parts of the country, who wished to pass this examination previous to commencing their professional studies, would be obliged to come to the metropolis for that purpose, at a considerable expense and sacrifice of time. Secondly, in case students were admitted to undergo both the preliminary and professional examinations at the same time before a General Medical Board, the Board might be placed under the very painful and awkward necessity of rejecting a Student for some defect in his classical attainments, although he was found eminently qualified in every department of strictly professional knowledge. In order to avoid those disagreeable contingencies, the General Boards, respectively, or the Secretary of State, might be empowered to nominate three medical men in any part of the country, as Examiners of Students in classical learning, and before whom Students might go for examination and approval, as to their *preliminary* education.

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## THE NEW UNIVERSITIES.

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THE inhabitants of London have long desired to participate in those facilities for public instruction which are supplied to Dublin and Edinburgh through their respective Universities. And of late years, the want of some establishment of the kind in the metropolis of the empire has been so deeply felt, that apparently it only remains to determine the principles on which it should be founded, and perhaps the question of whether the projected act of incorporation should not be extended to the formation of a *second* Metropolitan University, in order to meet the early expectations of the public in regard to the two collegiate seminaries at Gower Street and Somerset House.

The creation of *two* Universities on the basis of these collegiate seminaries would seem to be the most simple plan of procedure, and would be attended with comparatively few difficulties. The general features of the new institutions might be made to correspond, in a considerable degree, with those of the old—affording an effectual guarantee against the unforeseen and embarrassing circumstances which frequently arise from the introduction of an anomalous authority.

His Majesty's Government is said to incline to the adoption of a scheme which would limit the corporate creation to *one* Metropolitan University—to be placed on a new and comprehensive foundation. With respect to the details of this scheme, different rumours are current, and they are perhaps alike gratuitous. Some intimate that the two collegiate seminaries are to be incorporated with a third body or presiding board, to be called the "London University." According to other reports, several additional schools are to be named in the charter—and the heads of this Compound University are to be empowered to extend an equivalent recognition to all other schools in which the business of education shall be conducted to the satisfaction of these Governing Heads. It is scarcely too much to add by

way of comment, that such schemes are not fitted to work comprehensively and harmoniously—neither the junction of the two collegiate bodies, composed of such diverse elements, with a third having no apparent affinity to either; nor the junction of a variety of schools containing in their numerous and opposing interests the seeds of perpetual jealousy and dissension.

To found a Metropolitan University, whose honours shall not be restricted to any particular school or schools, is an object well worthy the best attention of an enlightened Government; but this object can scarcely be secured in a permanent and satisfactory manner, unless the University be a creation apart and altogether *unconnected* with the schools. On this principle a University might be safely founded to grant degrees in Arts, in Law, and in Medicine, to all students who passed its examinations, on the ground of *merit* alone, and without reference to *any prescribed* course of study, or the school or locality in which they had been educated.

Provided that the Practical Examining Boards were reformed and duly organized, no injury could arise by leaving the competition for University honours even in the old establishments, thus free and open. The exaction by the Practical Boards of a regular curriculum of study from all students previous to their receiving a Licence to practise in any of the professions, would effectually protect the interests of the community, and no hazard of practical incompetence would be sustained.

Before making any change in the relations of the Universities, either by the creation of new institutions or the reform of the old, the subject should be thoroughly investigated in the hope of discovering some principles that are, or that may be made, applicable to all; and those principles, when ascertained, should be applied and followed out so as to produce an approach towards uniformity in our national system of education. The plan of Practical Examining Boards seems to afford one principle of this sort—and were the operation of this principle, in an invigorated and amended form, extended to Scotland, as well as England and Ireland, it would doubtless be productive of very beneficial results. To the absence of this practical check in Scotland may fairly be attributed many of the defects which have been observed in the management of the Scottish Universities. As a remedy for these defects, it



has been recommended that the Scottish Universities should be placed under the *surveillance* of Commissioners appointed by the Government; yet why should a recommendation be adopted which is calculated to destroy the independence of these Universities, and deliver them up to the dictation and control of a novel authority, if the desired end can be secured through moderate and ordinary means—namely, by the establishment of a system of practical examination in the metropolis of Scotland?

And now, my Lord, I shall close these observations which I have ventured to string together in the sincere and ardent desire that they may tend to advance, in at least some degree, the dignity of science and the interests of the public. Embodying as they do the views and opinions of an individual merely, they cannot aspire to any consideration beyond what may be vouchsafed to a statement of legitimate inferences when guided by a spirit of inquiry, and supported by incontrovertible facts; but as such, I trust they will be found not unworthy of notice. In my aim towards general utility, all minor objects have been overlooked; and my anxiety to be fully understood may have often betrayed me into a redundancy of expression which will require indulgence.

I have the honour to be,

My Lord,

Your Lordship's very obedient Servant,

JAMES KENNEDY.

17, *Tavistock Square*,

1836.

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